



**Application for Joining the Thoracic Anaesthesia Exchange Training Programme**

|                            |  |                            |  |
|----------------------------|--|----------------------------|--|
| <b>Name</b>                |  |                            |  |
| <b>Address</b>             |  |                            |  |
| <b>Date of Birth</b>       |  | <b>Country of birth</b>    |  |
| <b>Spoken language(s)*</b> |  | <b>Country of practice</b> |  |

\* English: On a scale of 1-5 level of fluency. 5-being "perfect".

|                                |  |                             |  |
|--------------------------------|--|-----------------------------|--|
| <b>Department</b>              |  | <b>Centre</b>               |  |
| <b>City</b>                    |  | <b>ZIP code/Postal code</b> |  |
| <b>Country</b>                 |  | <b>Phone</b>                |  |
| <b>Fax</b>                     |  | <b>Email</b>                |  |
| <b>EACTA membership number</b> |  |                             |  |

**Trainee preferences:**

Are you interested in: general enhancement of your training?  Yes  No  
 Earning a skill/technique?  Yes  No

**Clinical Interests:**

Preoperative medicine  Yes  No  
 Airway management  Yes  No  
 Lung isolation techniques  Yes  No  
 One lung ventilation  Yes  No  
 Haemodynamic monitoring and control  Yes  No  
 Anaesthetic techniques  Yes  No  
 Interventional bronchoscopy  Yes  No  
 High frequency ventilation  Yes  No  
 Acute pain service after thoracic surgery  Yes  No  
 Truncal nerve blockades  Yes  No  
 Post-thoracic surgery chronic pain  Yes  No

**Preferred host centre**

Host Center must be selected from the list of Participating centers available on the EACTA website

|                   |  |
|-------------------|--|
| <b>Choice (1)</b> |  |
| <b>Choice (2)</b> |  |
| <b>Choice (3)</b> |  |

If the chosen Host Centers are not available, would you accept some centers suggested by EACTA?  Yes  No

**Clinical Simulation Interests:**



### Preferred Months

- |                                  |                                   |                                    |                                  |                                   |                                   |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January | <input type="checkbox"/> February | <input type="checkbox"/> March     | <input type="checkbox"/> April   | <input type="checkbox"/> May      | <input type="checkbox"/> June     |
| <input type="checkbox"/> July    | <input type="checkbox"/> August   | <input type="checkbox"/> September | <input type="checkbox"/> October | <input type="checkbox"/> November | <input type="checkbox"/> December |

### Specific legal or other requirements of an attending trainee:

- |                         |                              |                             |
|-------------------------|------------------------------|-----------------------------|
| EU license to practice  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Specialist/Registrar    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| EU Citizen/Residency    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Non-EU Citizen          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eligible for Entry Visa | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Educational

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| Year of Graduating University            |                              |                             |
| Awards at University                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Year of specialization (Anaesthesiology) |                              |                             |
| EDAIC Part I                             | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | If yes, year                 | _____                       |
| EDAIC Part II                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|  | If yes, year                 | _____                       |
| Year of Graduating as Doctor             |                              |                             |
| Year of Graduating as Master             |                              |                             |

### Professional Profile

#### Research (Publications, Lectures, Communications, Posters)

#### Job Experience

|                                   |
|-----------------------------------|
| Anesthesiologist Current position |
|                                   |
| Teaching Experience               |
|                                   |

### Personal Signature