



Please fill in all required fields and send to [eactaic@aimgroup.eu](mailto:eactaic@aimgroup.eu)

**Application for Joining the Exchange Training Programme in Vascular Anaesthesia**

<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:**

<b>Preoperative assessment</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Risks estimation for vascular surgery patients</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Perioperative monitoring</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Neuromonitoring for vascular surgery patients</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Haemodynamic monitoring and control</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Pathophysiology of aortic clamping/declamping</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Pharmacological adjuncts for vascular surgery</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Blood conservation strategies</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Neuroprotection during vascular interventions</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Interventional vascular procedures</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Audits in vascular surgery</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Communication skills during vascular surgery</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Decision making during vascular surgery</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Postoperative care of vascular surgery patients</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> 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:**



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**Preferred Months**

- January  February  March  April  May  June
 July  August  September  October  November  December

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

- EU license to practice [Yes/No]
Specialist/Registrar [Yes/No]
EU Citizen/Residency [Yes/No]
Non-EU Citizen [Yes/No]
Eligible for Entry Visa [Yes/No]

**Educational**

- Year of Graduating University
Awards at University [Yes/No]
Year of specialization (Anaesthesiology/Critical Care)
EDAIC Part I/ Others [Yes/No]
If yes, year \_\_\_\_\_
EDAIC Part II Others [Yes/No]
If yes, year \_\_\_\_\_
Year of Graduating as Doctor
Year of Graduating as Master

**Professional Profile**

Research (Publications, Lectures, Communications, Posters)

[Empty box for research details]

**Job Experience**

Table with 2 rows: Anesthesiologist Current position, Teaching Experience

**Personal Signature**

[Empty box for personal signature]