

Prof. Laura Oleaga Educational Grant Application 2024

Please complete the below questionnaire and send the filled-in form [PDF file], together with your:

- Curriculum Vitae [PDF file]
- Reference letter from your referee [PDF file]

via e-mail to the EBR office.

Deadline: October 31 or until the first 100 application forms have been received.
Late or incomplete applications will not be accepted/eligible.

**** All fields are required. Incomplete forms will not be accepted/eligible. ****

Help texts in grey can be deleted after filling in the questionnaire.

About you	
Your first name:	
Your last (family) name:	
Your affiliation:	
Your e-mail address:	
Your ESR Personal ID:	[Note that you must be an active ESR member]
Your profession:	Radiology resident
Area of activities: Please describe your clinical and research activities:	[max. 50 words]
Your motivation:	[max. 100 words]
About your referee	
Name:	
Affiliation:	
ESR Personal ID:	[Note that your referee must be an active ESR member]