



Application for Joining the Thoracic Anaesthesia Exchange Training Programme

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

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

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

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

| | |
|-------------------|--|
| Choice (1) | |
| Choice (2) | |
| Choice (3) | |

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

Clinical Simulation Interests:



European Association of
Cardiothoracic Anaesthesiologists

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

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|-----------------------------------|
| Anesthesiologist Current position |
| |
| Teaching Experience |
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Personal Signature