



Application for Joining the Exchange Training Programme in Vascular Anaesthesia

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



Preferred Months

European Association of
Cardiothoracic Anaesthesiologists

- | | | | | | |
|----------------------------------|-----------------------------------|------------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
| <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 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)

Job Experience

Anesthesiologist Current position
Teaching Experience

Personal Signature