

Application Form:

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| **1. Applicant**  |
| Name and title |  |
| Gender (to monitor statistic participation – this will not be considered during assessment) |  |
| Position and institution |  |
| Postal address |  |
| Email |  |
| Phone number |  |
| Indicate main area of research interest | 1. Radiochemistry / radiopharmacy
2. Dosimetry / therapy
3. Instrumentation / multi-modality imaging
4. Reconstruction / image processing
5. Image analysis / clinical applications
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| Please attach a brief CV– no more than 1 page of A4 | Please outline academic career, publications, markers of esteem, any other relevant information |

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| **2. Abstract -** Please give a brief summary of your area of research  |
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| **3. Please describe your motivation to attend the workshop and how the workshop matches your professional development needs** |
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| **4. Please describe the expected impact of your participation to the workshop on your personal and professional development, including your ability to work on an international level** |
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| **5. Please indicate how you will disseminate the outcomes of the workshops and the new knowledge/skills you have acquired** |
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| **6. Workshops will take place in English as standard. Please indicate your ability to work and communicate in English** |
| Native speaker |  | Good |  |
| Excellent |  | Need support |  |

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| **7. Please use this space to give any additional information that you feel is relevant for the application.** |
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