**APPLICATION FORM for AEPC Imaging Working Group Education Grant**

**Given Name:**

**Family Name:**

**Date of birth:**

**AEPC membership - Yes / No Valid until: \_\_ / \_\_ / \_\_**

**Imaging Working Group Member - Yes / No**

**Contact address:**

**Email Address:**

**Telephone:**

**Objetive of the clinical stay:**

**Description of the skills to develop/improve:**

**Home institution:**

**Current post:**

**Proposed Host institution:**

**Supervisor in Host Institution:**

**Email of Host Supervisor:**