



Application date: _____

ESSKA TEACHING CENTRE APPLICATION FORM

1. General information

Hospital/University Details

Name of Hospital/University: _____

Address: _____

Address: _____

Address: _____

Contact person:

Name: _____ **First Name:** _____

Department: _____

Office address: _____

Zip code: _____ **City:** _____ **Country:** _____

Phone: _____ **Fax:** _____

E-Mail(1): _____

E-Mail(2): _____

2. CURRICULUM VITAE

Please give a brief synopsis of your resume :

Graduate University: _____

Date: _____

Post –Graduate education (speciality, location, date):

1) _____

2) _____

3) _____

Academic title(s):

Special awards:

Present occupation: _____

Member of:

ESSKA: YES NO:

SLARD: YES NO:

AANA: YES NO:

APOSSM: YES NO:

AAOS: YES NO:

AOSSM: YES NO:

APOA: YES NO:

National soc.: YES NO:

.....

3. Statistics and information about your Department

Type of Surgery Performed: <u>KNEE</u>	Total	Arthroscopy	Replacement	Others (please specify)
(n°/week in the department)	■■■■■	■■■■■■■■■	■■■■■■■■■	■■■■■■■■■

Type of Surgery Performed: <u>SHOULDER</u>	Total	Arthroscopy	Replacement	Others (please specify)
(n°/week in the department)	■■■■■	■■■■■■■■■	■■■■■■■■■	■■■■■■■■■

Type of Surgery Performed: <u>OTHER JOINT</u>	Hip	Ankle	Elbow	Wrist	Others (please specify)
(n°/week in the department)	■■■■■	■■■■■	■■■■■	■■■■■	■■■■■■■■■

Percentage Overall	Knee	Shoulder	Hip	Ankle	Elbow	Wrist	Others
(per week)	■■■■■	■■■■■■■	■■■■■	■■■■■	■■■■■	■■■■■	■■■■■

**Other surgeries
Performed**
(please specify)

**Scientific Research
undertaken**
(please specify)

**University
Training**
(please specify)

Other surgeons involved in the Department:

Name:

Type of surgery:

Name:

Type of surgery:

Name:

Type of surgery:

Name:

Type of surgery:

Name:

Type of surgery:

Name:

Type of surgery:

4. Organizational details

Wishes to become Teaching Centre for:

- ESSKA-AOSSM-APOA- Fellowship programme**
- ESSKA Knee Arthroplasty Fellowship programme**
- ESSKA Scholarship programme**

Specialty:

- Joint replacement**
- Sports Medicine**
- Arthroscopy**
- Upper Extremity**

Accommodation offered:

- NO**
- YES** **please give details regarding the space provided and an indication of costs:**

.....
.....
.....
.....

- Alternative accommodation. Please specify:**

.....
.....
.....
.....

