

PERSONAL INFORMATION

Last Name, First Name |

Address |

Mobile Phone |

E-mail |

Date of birth | Nationality

ESGAR JUNIOR MENTORSHIP PROGRAMME 2025/2026

EDUCATION AND TRAINING

CLINICAL WORK EXPERIENCE

Please also indicate working time
spent in abdominal/GI radiology
(x %)

OPTIONAL: ABROAD EXPERIENCE

ACADEMIC EXPERIENCE

Written Publications

At least 1 publication as first author in a
Q1-journal

Scientific Presentations

Grants

Awards/Prizes

Professional Memberships

(*) Applicants should be ESGAR members
in good standing for at least 2 years

ESGAR ACTIVITIES

i.e. annual meeting (delegate/faculty),
workshops (delegate/faculty), abstracts,
oral presentations, etc.

ADDITIONAL INFORMATION