

## 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