**Review Fellowship Application 2024**

The fellowship is carried out by the Editor-in-Chief and the Deputy Editors of European Radiology, and consists of an initial training and continued online work.

Over the duration of the fellowship, the fellows will perform reviews of manuscripts and will have their work revised and analysed by a supervising Editor. Furthermore, the successful candidates will be involved in the dissemination and promotional efforts of accepted manuscripts.

In order to apply for the Review Fellowship, please fill in the complete questionnaire and submit before the application deadline.

**Application procedure:**

To apply, complete the below questionnaire and send the filled-in form [PDF file], together with your

* Curriculum Vitae [PDF file]
* Motivation letter [PDF file]
* Reference letter from your referee [PDF file]

via e-mail to office@european-radiology.org

Deadline: **01.12.2023**

Late or incomplete applications will not be accepted/eligible.

\*\* All fields are required. Incomplete forms will not be accepted/eligible. \*\*

Help texts in grey can be deleted after filling in the questionnaire.

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| **About you** |
| **Your first name:** |  |
| **Your last (family) name:** |  |
| **Your affiliation:** |  |
| **Your e-mail address:** |  |
| **Your ESR Personal ID:**  | [Note that you must be an active ESR member] |
| **Your social media accounts (if any):** |  |
| **Your profession:** | * Board certified radiologist
* Radiology resident
* Other:
 |
| **Board certification:** | [Board certified radiologists should indicate the date of completed board certification; residents should indicate the expected date of board certification]Date: |
| **Area of activities:**Please describe your clinical and research activities: | [max. 100 words] |
| **Publications** |
| If available, please list the 5 most relevant PubMed-indexed publications you authored or co-authored (incl. PubMed-ID) | [Use the following format: “Menu Y (2018) Janus and the Great Men. Eur Radiol 2018:1-2. PubMed ID: 29134347] |
| **About your referee** |
| **Name:**  |  |
| **Affiliation:** |  |
| **ESR Personal ID:** | [Note that your referee must be an active ESR member] |