

ESGENA Clinical and Educational Grants

Dear Colleagues

Description:

ESGENA Clinical Grants are being offered to registered European nurses who wish to undertake further clinical training in specialised endoscopic or gastroenterological nursing at an officially recognised ESGENA host centre. Due to legal restrictions, hands-on training may not be available in many countries; however nurses may still participate in clinical work as observers, learning from their colleagues.

Duration: max. 1 week

Conditions for application:

ESGENA Grants are available to registered European nurses who are ESGENA Members (Active Individual Membership or Active Group Membership through the national society).

Applicant requirements:

- support of home institution
- a high level of proficiency in the language of the preferred host country
- provision of insurance for the duration of the training period
- organisation of travel arrangements (economy advanced booking) and relevant visas

Please note that a high proficiency in the language of the preferred host country is essential for communication in the host country. Experience has shown that most nurses are able to travel with a standard holiday visa, which should be organised by the applicant prior to departure.

Expenses covered:

The level of sponsorship is determined on the number of days in the host department. ESGENA will cover

- Economy travel
- Accommodation:
 - Basic hospital/university accommodation
 - single room, with shared facilities (kitchen, bathroom & laundry)
 - the max. support depends on the days in the host department (see table)

Duration of visit: Days in the host department	Covered costs for accommodation
1-3 Days	Max. 300 €
1 week	Max. 700 €

PRESIDENT:

Marjon de Pater-Godhelp
Academic Medical Centre Amsterdam
Amsterdam, The Netherlands
marjon@depater.com

VICE PRESIDENT:

Wendy Jo Waagenes
Hvidovre Hospital
Copenhagen, Denmark
wendyjowaagenes@gmail.com

GENERAL SECRETARY:

Irene Dunkley
Hinchingsbrooke Hospital, Huntingdon
Cambridgeshire, United Kingdom
irene.dunkley@nhs.net

TREASURER:

Mario Gazic
General Hospital
Bjelovar, Croatia
mario.gazic@gmail.com

COUNCILLOR:

Björn Fehrke
University Hospital for Pneumology
Bern, Switzerland
bjoern.fehrke@insel.ch

Tatjana Gjergjek

University Medical Hospital
Ljubljana, Slovenia
gjergjek.tatjana@gmail.com

Siiri Maasen

Tallinn Healthcare College
Tallinn, Estonia
Siiri.Maasen@ttk.ee

SCIENTIFIC SECRETARIAT

Ulrike Beilenhoff
Ferdinand-Sauerbruch-Weg 16
89075 Ulm, Germany
Phone: +49 731 950 39 45
Fax: +49 731 950 39 58
info@esgena.org

Application process:

- Grants are limited to 4 per year
- Selection will be made by the ESGENA Board.

Applications should be sent to Ulrike Beilenhoff: info@esgena.org

Please ensure that the following documentation is provided:

- Certification that the applicant is a qualified nurse
- Certification that the applicant is a member of ESGENA (directly by individual membership or indirectly by group membership of the national society)
- Short Curriculum Vitae (not more than 2 A4 pages)
- Completed Application Form (aims and focus of visit, etc)
- The signed Travelling-Grant-Contract
- Reference from current employer (the medical and nursing director has shown their support by signing the papers)
- An essay (300-500 words) explaining the aims and focus of the visit, benefit for patients and the dissemination of the newly gained knowledge in the home country in more detail

Report back:

Successful applicants will be required to report back on the quality of their training using a standardized form provided by ESGENA. Furthermore, within 6 months of the completion of training, successful applicants will be required to submit an article in English for the ESGENA NEWS.

We are looking forward to receiving your applications

The ESGENA Governing Board



Clinical Grant Application

APPLICANT'S DETAILS

Please complete in BLOCK LETTERS

SURNAME (FAMILY NAME)	
FIRST NAMES	
HOSPITAL DEPARTMENT	
HOSPITAL	
STREET	
POSTCODE & CITY	
COUNTRY	
TELEPHONE	
FAX	
e-mail	
POSITION (JOB TITLE)	
QUALIFICATIONS	
Number of years worked in Gastroenterology / Endoscopy:	Gastroenterology: GE Endoscopy Pneumology / Thoracic Medicine Urology
Special Interests	

Involvement with Professional Societies / Groups past and present (e.g. as president, chairman etc.)	
ESGENA Individual Member No OR ESGENA Group Member Number OR your Membership Number of your National Society	
Languages spoken:	
Preferred Country for visit	
<i>Preferred Hospital for visit</i>	

Length of visit: I would like to stay for:	<input type="radio"/> 2-3 days <input type="radio"/> 1 week
I would like to split my visit	<input type="radio"/> At different places : <input type="radio"/> Which: _____ <input type="radio"/> Different weeks: <input type="radio"/> Which

What would you like to achieve during your visit?

! Remember, Aim and Learning Outcomes need to be achievable within the maximum 4 weeks of the visit – don't be unrealistic in what you can achieve.

! Please note that most host centres do not offer hands-on training (legal restriction)

Overall Aim of Visit:	
After the visit you will hope to have learned (please list at least 3 expected <i>Learning Outcomes</i>) Example: <i>“At the end of the visit I hope to have learned how to clean an endoscope according to European Guidelines.”</i>	1) 2) 3)
Could you learn these in your own country?	Yes <input type="checkbox"/> No <input type="checkbox"/> → if not - Why not?
How will you disseminate to colleagues in your own country what you have learned?	
In which area do you want to use what you have learned? - in your department, - in your hospital, - in your endoscopy / gastroenterology society, - in your country?	
How will patients in your own country benefit from what you have learned on your visit?	
Additional Information (max. 500 words – on separate sheet) e.g. why you need to visit another country and why you have chosen this subject , etc.	



TRAVELLING GRANT

CONTRACT

The applicant will abide with the conditions set below:

- Will write a short report about his/her experience/visit in English for the *ESGENA Newsletter* within 2 months of completing the visit
- Will fill in the Evaluation Form in English within 1 month of completing the visit (form will be sent after the visit)
- Will make financial arrangements so any additional costs not met by ESGENA are covered

	ESGENA WILL PAY	APPLICANT WILL PAY
ACCOMMODATION COST	Basic hospital/university accommodation: single room, with shared facilities (kitchen, bathroom)	Any additional cost (e.g. telephone expenses, additional bills, property damage, etc)
Expenses covered	ESGENA will cover <ul style="list-style-type: none"> • Travel expenses (Economy) • Basic accommodation 	
TRAVEL (flights/trains/Transfers)	Economy travel will be reimbursed on presentation of the appropriate receipt. Amount See table (table to be defined and ratified by ESGENA governing board)	Any additional expenses arising from <ul style="list-style-type: none"> • Change of travel ticket/date • Excess Luggage • Missed Departure • etc.
TRAVEL (transfer to and from Airports/Stations)	Will only reimburse for <ul style="list-style-type: none"> • PUBLIC TRANSPORT • on presentation of the receipts • Mileage cannot be reimbursed outside Germany 	Taxis Car rental Car mileage etc

	ESGENA WILL PAY	APPLICANT WILL PAY
OTHER EXPENSES	ESGENA will cover the registration fees for the courses and workshops which are linked to the aim of the visit	Any additional expenses arising from <ul style="list-style-type: none"> • Local transport between hospital and accommodation • Sightseeing • Going out (incl Restaurants) • etc
INSURANCE	Not Covered	Will be suitably insured with regard to <ul style="list-style-type: none"> • Travel Insurance • Health Insurance (where applicable) • Liability Insurance (where applicable) • etc
Health surveillance (e.g. vaccination, MRSA status)	Not Covered	Cost to be covered by applicant
VISA APPLICATION	ESGENA will supply a confirmation about the grant, but the local hospital have to write the individual invitation letter as requested Cost of Visa = Not Covered	Cost to be covered by applicant

SIGNATURES	
APPLICANT: <i>I will abide with the conditions listed above</i>	
HEAD OF DEPARTMENT (Medical): <i>I support this application</i> Name:	
NURSING CHIEF/DIRECTOR!: <i>I support this application</i> Name:	

Updated: January 2019