

Additional questions for applicants

First Name	
Surname	

For Committee member applicants only: please indicate which domain or field of expertise you wish to represent:	
<input type="radio"/>	Acquired cardiac disease
<input type="radio"/>	Congenital heart disease
<input type="radio"/>	Thoracic disease
<input type="radio"/>	Vascular disease
<input type="radio"/>	Clinical research methodology

For Chair applicants only: please indicate whether you would like to be considered for a Committee member position should your application for the Chair role be unsuccessful:	
<input type="radio"/>	Yes
<input type="radio"/>	No

For both Chair and Committee member applicants: Please indicate if you have previous experience of supporting EACTS in a leadership position or as a member of a working group; in particular, please indicate if you have been part of guideline task forces (please provide a full list of topics):