**Yves Menu Review Fellowship Application 2025**

The fellowship will consist of an introductory meeting held at ECR 2025, followed by an online training session where the tasks and assignment will be explained. Over the duration of the fellowship, the fellows will perform reviews of manuscripts, in addition to the reviews carried out by senior reviewers, and will have their work revised and analysed by a supervising Editor.

**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 [fellowships@european-radiology.org](mailto:fellowships@european-radiology.org)

Deadline: **December 1, 2024**

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] |
| If available, please list all journals for which you are or have been peer reviewing: |  |
| **About your referee** | |
| **Name:** |  |
| **Affiliation:** |  |
| **ESR Personal ID:** | [Note that your referee must be an active ESR member] |