1. What are the main research areas of interest in imaging techniques in your institute?

 Please give a brief description of ongoing research projects (Study name, goals of study etc):

1. Please describe in short the training program your department offers for the use of an imaging technique (e.g. what type of imaging technique, duration of training program etc):
2. Who of the following professionals would your institute be able to host (please mark with an X all that apply):
	1. PhD students
	2. Clinical Research Fellows
	3. Medical Students
	4. Specialty Trainees
	5. Basic Scientists
	6. Clinical internship/fellowship
	7. Please describe if other:
3. What is the maximum duration your institute would be able to host a visitor? (mark with an X)
	1. 3 months
	2. 6 months
	3. One year
	4. Three/Four years (e.g. PhD)
	5. Please specify if other:
4. Do visitors have to seek their own funding? (mark with an X)
	1. Yes
	2. No, funding is available
	3. Some funding might be available via institute
	4. Please specify if you have any additional comments about the funding:
5. If the institute has a website please provide the link below:
6. Please include the name and contact details of the main person(s) to be contacted about possible research collaboration and/or internship/fellowship:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contact details person 1** | **Contact details person 2** | **Contact details person 3** |
| **Research area** |       |       |       |
| **Name** |       |       |       |
| **Email address** |       |       |       |
| **Telephone no.** |       |       |       |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contact details person 1** | **Contact details person 2** | **Contact details person 3** |
| **Clinical internship****/fellowship** |       |       |       |
| **Name** |       |       |       |
| **Email address** |       |       |       |
| **Telephone no.** |       |       |       |

1. If you have any general remarks or queries about the database, please list them below: