



EHRA
European Heart
Rhythm Association

APHR-EHRA Immersion (Observership) Program 2026

APPLICATION FORM

1. Personal Particulars

First Name:		Last / Family Name:	
Gender:		APHR Member ID:	
Date of Birth:		Age:	
Nationality:		Country of Residence:	
English Proficiency	<input type="checkbox"/> Beginner <input type="checkbox"/> Moderate <input type="checkbox"/> Fluent		

2. Present Job Particulars

Present Position:			
Hospital / Institution:			
Address of Hospital / Institution:		Sector:	
		<input type="checkbox"/> Public / Government <input type="checkbox"/> Private <input type="checkbox"/> Others:	
Immediate Supervisor:			

3. EP Fellowship Particulars

Hospital / Institution of Fellowship Training	
Period of Fellowship Training	
Number of Years Post-Training	

4. Experience in Clinical Cardiology / Electrophysiology

Cases Done	Number of Cases / Month
Pacemakers	
ICD	
CRTP/CRTD	



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SVT Ablations	
VT/PVC Ablations	
Atrial Fibrillation/Flutter Ablations	
Insertable Loop Recorders (ILRs)	

5. Training Objectives

What do you hope to learn and take away from this program?
What learning would most meaningfully enhance your practice and patient care?

6. Declaration

By submitting this form, I certify that the information provided in this application is accurate to the best of my knowledge. I understand that this information may be verified.

I have read, understood, and agree to be bound by the Terms and Conditions set forth by APHRS.

I also give permission to APHRS to collect and use my personal data solely for the purpose of this application.

Signature of Applicant:	
Date:	

7. Submission

Please merge the completed application form and your CV into a single PDF file, and submit it via email to apply@aphrs.org by **28 February 2026, 23:59 SGT.**