Application Form for ESPRAS Fellowship

|  |  |
| --- | --- |
| **Name** |  |
|  |  |
| **Date of Birth** |  |
|  |  |
| **Country of residence** |  |
|  |  |
| **Citizenship** |  |
|  |  |
| **Contact email address** |  |
|  |  |
| **Contact phone number** |  |

**Qualifications**

|  |  |
| --- | --- |
| **Undergraduate** |  |
| University Attended |  |
| Date of qualification |  |
| Degree obtained |  |
|  |  |
| **Postgraduate** |  |
| University attended |  |
| Date of qualification |  |
| Degree obtained |  |

**Surgical Training**

**Basic Core Surgical Training**

|  |  |
| --- | --- |
| Hospital/University |  |
| Dates of training |  |
| Rotations  |  |
| Head of Department |  |
| Qualification if any |  |

**Plastic Surgery Training**

|  |  |
| --- | --- |
| Hospital/University |  |
| Dates of training |  |
| Rotations |  |
| Head of Department and email address |  |
| Qualification if any |  |

**Sub-speciality/Fellowships**

|  |  |
| --- | --- |
| Hospital/University |  |
| Dates of training |  |
| Sub-speciality |  |
| Head of department and email address |  |

**Detail any other positions held**

|  |  |
| --- | --- |
| Location |  |
| Dates |  |
| Position Held |  |
| Head of department |  |

**Research**

**Presentations -**

List all presentation detailing the Title, Authors (underline the presenting author), Meeting, Location and Date

**Publications –**

List all publications detailing the Title, Authors, Journal and reference numbers and dates and/or PubMed ID

**Thesis –**

Give brief description of work undertaken, location it was undertaken and degree awarded if any.

**Ongoing Research**

Describe/list any ongoing research

**Courses, workshops and meetings attended** :

List any workshops, courses and meetings attended without presentations.

**Goal of Fellowship**

Describe where you hope to visit/work if you were successful in this application including how you feel it will help your career. Attach any supporting documents if available.

**Referees**

Give name and contact details of 2 referees with whom you have worked recently

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Contact phone number |  |

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Email |  |
| Contact phone number |  |