



RCSI

THE ROYAL COLLEGE OF SURGEONS IN IRELAND COLLES TRAVELLING FELLOWSHIP IN SURGERY APPLICATION FORM

RCSI DEVELOPING HEALTHCARE LEADERS WHO MAKE A DIFFERENCE WORLDWIDE

PERSONAL DETAILS

Name in Full (including degrees):

Date of Fellowship or Membership/Associate Fellowship of the College:

Present Address:

Contact Tel. No.:

Email address:

Date of Birth:

Specialty:

Stage in Training:

Current Post:

Previous Posts:

List distinctions and qualifications:

Career Aspirations:

FELLOWSHIP DETAILS

Name and location of host institution:

Sponsor at host institution (written agreement to be enclosed):

Commencement Date:

Conclusion Date:

Summarise briefly your scientific and/or research experience (exclusive of academic courses). Give details of any research support received:

Title of proposed research project programme:

Describe the proposed research or hospital programme:

The post to which you propose to return on completion of the Fellowship:

Itemise costs of travel and other expenses involved:

Give details of any financial support already received or other application for consideration:

REFERENCES

Names and addresses of three referees (one should be your current supervising consultant) who support your application:

1.

2.

3.

SIGNATURE

Signature.:

Date: