



**ROYAL COLLEGE OF SURGEONS  
IN IRELAND/ IRISH INSTITUTE OF  
TRAUMA & ORTHOPAEDIC SURGERY  
TRAVELLING FELLOWSHIP**



**IITOS**  
THE IRISH  
INSTITUTE OF  
TRAUMA AND  
ORTHOPAEDIC  
SURGERY

PERSONAL DETAILS	
Name in Full (including degrees):	
Present Address:	
Contact Tel. No.:	Email address:
Nationality:	Date of Birth:
Date of CCST award:	Training completion date:
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:

What are your objectives for this Fellowship:

Please outline the value of this experience to the development of the specialty of Trauma & Orthopaedic Surgery:

Itemise costs of travel and other expenses involved:

Give details of other support/funding you have or may receive for this project:

**REFERENCES**

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

**SIGNATURE**

Signature.:

Date: