



**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: