



# RCSI PROGRESS WOMEN IN SURGERY FELLOWSHIP

Sponsored by Olympus Medical

## PERSONAL DETAILS

Name in Full (including degrees):

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

Present Address:

Contact Tel. No.:

Email address:

CCST / Expected CCST Date:

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 clinical fellowship:

Describe the proposed clinical fellowship including the required clinical activity for satisfactory completion of the Fellowship:

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

What are the expected learning outcomes of the Fellowship?:

Outline how during and after the Fellowship, you intend to use the Fellowship to promote a career for Women in surgery:

If you will receive a salary from host institution (specifically) indicate:

#### REFERENCES

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

- 1.
- 2.
- 3.

#### SIGNATURE

Signature:

Date: