



RCSI

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

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 Fellowship project programme:

Describe the proposed Fellowship or hospital programme:

PERSONAL STATEMENT: Please provide details of the post to which you will return on completion of the Fellowship (if known). Outline how this Fellowship will benefit the Irish health service.

Itemise costs of travel and other expenses involved:

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

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: