



RCSI SURGICAL
AFFAIRS

Johnson & Johnson

MEDTECH

RCSI Travel Grants

REPORT FORM

Grant Holder Name	
Brief biography, including qualification and year of graduation (no more than 100 words)	
Title of Project/Fellowship	
Year of Award	
Commencement Date	
Conclusion Date	

SUMMARY (no more than 250 words)

GRANT REPORT (in the region of but no more than 500 words)

Objectives of Project/Fellowship

Did you achieve these objectives?

In your opinion, what is the value of your award to yourself?

In your opinion, what is the value of your award to the institution in which you worked?

In your opinion, what is the value of your award to the future of Irish patients?



Please send this completed form to Ms Samantha Henson (RCSIfellowships@rcsi.ie) together with your receipts and a **photograph representative of your Project/Fellowship.**