

European Association for Cranio-Maxillo-Facial Surgery (EACMFS) ENDOWMENTS COMMITTEE

APPLICATION FOR ROSALIND DANCYGIER TRAVELLING FELLOWSHIP

(Please type or use BLOCK CAPITALS and ensure that this form is completed in FULL and that all the documentation is enclosed / appended). Incomplete applications unfortunately cannot be considered.

Family Name/Surname			
First Name/Prenom/Vorname)		
Qualifications(Date and Institute)			<u> </u>
Category and Date of En [Trainee / Active within 3 years]	ACMFS Membership		
Present Post/Appointment			
Date of Appointment			
Postal Address			
e-mail address:		Tel:	
		Fax:	
Planned visit to Unive	rsity College London	Hospital (UCLH)	
Nature of specific study	/ experience in head &	neck oncology antic	ipated
Proposed dates of visit	(should not exceed thre	ee months)	
Estimated expenses	(a) travelling	E	ıro
	(b) subsistence	F	uro

Documentary su pport
1. Head of Department/Training Programme Director of present post/appointment
I support this application and confirm that both leave of absence to participate in the Congress will be granted and salary will continue to be paid during the period of leave of absence
(signature)
(Name)
2. EACMFS Council Member (normally the appropriate National Councillor)
I am aware of the applicant's training and abilities and support this submission
(signature)
(Name)
3. Confirmation of eligibility for appropriate registration with the UK General Medical Council www.gmc-uk.org (Please enclose / append copy of certificate / correspondence)
4. I agree that if successful in this application I will submit a report to the Secretary-General within three months of returning and that the copyright will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillofacial Surgery
(signature)(Date)
SUMMARY OF CURRICULUM VITAE (Please include details of previous appointments with dates/ prizes/awards/distinctions etc and publications) CONTRIBUTIONS ALREADY MADE TO THE SPECIALTY AND CAREER ASPIRATIONS

It is strongly recommended that prospective candidates seek advice and approval from the respective national bodies supervising the training programmes BEFORE submitting this application

Please return this application form when FULLY completed to: Secretary-General EACMFS PO Box 85 Midhurst West Sussex GU29 9WS UNITED KINGDOM

secretariat@eacmfs.org