

European Association for Cranio-Maxillo-Facial Surgery

APPLICATION FOR HUGO OBWEGESER TRAVELLING SCHOLARSHIP

PERSONAL DETAILS

Please type or use BLOCK CAPITALS and ensure that ALL sections are completed (Note: incomplete forms will not be considered)

Surname _____

First Name _____

Qualifications (Date and Institute) _____

Date of Membership of EACMFS _____

Present Post/Appointment _____

Address _____

Date of Appointment _____

DETAILS OF CENTRE TO BE VISITED

Name of Hospital/Institute _____

Head of Department _____

Nature of study/experience to be gained including aims of the visitation
* Please provide addendum of approx. 400 words

Proposed dates of visit: (should not exceed four weeks)

Estimated expenses (up to a maximum of 2000 Euros):

a) Travel _____

b) Subsistence _____

DOCUMENTARY SUPPORT

1. Head of Department of present post/appointment

I support this application and confirm that a salary will continue to be paid during the period of leave of absence

_____ **Signature**

_____ **Name**

2. Copy of written confirmation/acceptance letter provided by the Head of Department to be visited to be attached

3. EACMFS Council Member (normally the appropriate National Councillor – contact Secretariat for further details if required)

I am aware of the applicant's training and abilities and support this submission

_____ **Signature**

_____ **Name**

DECLARATION

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 of any paper resulting from the scholarship will rest initially with the Editor-in-Chief of the Journal of Cranio-Maxillo-Facial Surgery

_____ **Signature** _____ **Date**

SUMMARY OF CURRICULUM VITAE – attach further document if necessary
(Please include details of previous appointments with dates/
prizes/awards/distinctions etc and publications)

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 via email when FULLY completed to:
secretariat@eacmfs.org for consideration by the Endowments Committee
(No deadlines - Applications regularly considered by the Endowments Committee throughout the year)

***ADDENDUM**

Nature of study/experience to be gained including aims of the visitation
400 words