

# European Association for Cranio-Maxillo-Facial Surgery

## APPLICATION FOR ROSALIND DANCYGIER TRAVELLING FELLOWSHIP

### Guidance notes:

*This scholarship designed to support a period of fellowship head and neck oncology training at the Maxillofacial Surgical Unit of University College London Hospital is available to all eligible members who should hold a full registration with the General Medical Council.*

*Applicants should submit a detailed curriculum vitae highlighting career aspirations and contributions already made to the specialty together with the aims, objectives and gains expected from the fellowship.*

*The fellowship will allow active participation in clinical care and normally be of not more than three months duration. Signed approval by the training programme director of the home unit as well as the UCLH host programme director is mandatory. It is strongly recommended that prospective trainee candidates seek advice and approval from the respective national body supervising their training programme and also ensure that they are eligible for appropriate registration with the General Medical Council [www.gmc-uk.org](http://www.gmc-uk.org) to gain maximum clinical advantage from the visit. It is the applicant's responsibility to ensure that approval for leave of absence has been obtained from the employing authority. EACMFS will not be responsible for the payment of locum-tenens fees at any time. Successful candidates will be required to submit a written report to the Secretary General not more than three months after return from the host unit.*

### PERSONAL DETAILS

Please type or use BLOCK CAPITALS and ensure that ALL sections are completed in FULL and that all the documentation is enclosed/appended. (Note: incomplete forms will not be considered)

**Surname** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Qualifications (Date and Institute)** \_\_\_\_\_

**Date and Category of Membership of EACMFS**  
\_\_\_\_\_

**Present Post/Appointment** \_\_\_\_\_

**Date of Post/Appointment**  
\_\_\_\_\_

Postal Address \_\_\_\_\_

Email address: \_\_\_\_\_ Tel: \_\_\_\_\_

### PLANNED VISIT TO UNIVERSITY COLLEGE LONDON HOSPITAL (UCLH)

Nature of specific study/experience in head and neck oncology anticipated

Proposed dates of visit (should not exceed three months)

Previous links / contacts with UCLH

Estimated expenses:

a) Travel \_\_\_\_\_ Euro

b) Subsistence \_\_\_\_\_ Euro

### DOCUMENTARY SUPPORT

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 visitation will be granted and the salary will continue to be paid during the period of leave of absence

Signature

\_\_\_\_\_ **Name**

2. 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 visitation

\_\_\_\_\_ **Signature**

\_\_\_\_\_ **Name**

3. Confirmation of eligibility for appropriate registration with the UK General Medical Council – [www.gms-uk.org](http://www.gms-uk.org) (**Please enclose/append copy of certificate/correspondence**)

**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**

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Signature \_\_\_\_\_ Dat \_\_\_\_\_

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Please return this application form via email when FULLY completed to:  
[secretariat@eacmfs.org](mailto:secretariat@eacmfs.org)