

European Association for Cranio-Maxillo-Facial Surgery

PROFESSOR HELENE MATRAS CONGRESS SCHOLARSHIP APPLICATION FORM

Guidance notes:

Scholarships made on a competitive basis on the recommendation of the Endowment Committee are designed to support Junior Trainee Undergraduate Student Members on a European training pathway and Specialist Trainee Members of EACMFS (plus those who have successfully completed training as specialists within three years of the date of application) in their participation in the 25th Congress which will be held in Paris 15-18th September 2020.

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 EACMFS Membership (see Guidance notes above)

Present Post /Appointment _____

Address

Date of Appointment _____

Postal address

Email address

Tel: _____

EACMFS CONGRESS

Year/Venue _____

Title of abstract _____

Date of Submission _____ **Number of Submissions**

Type of Presentation **Oral** **Yes / No** **Poster** **Yes / No**

Main aims of attending the Congress

DOCUMENTARY SUPPORT

1. Head of Department of present post/appointment

I support this application and confirm that both leave of absence to participate in the Congress will be granted and a 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 submission

_____ **Signature**

_____ **Name**

3. Copy of Abstract submitted to Congress Organisation (*please enclose/append*)

4. Copy of Abstract acceptance notice from Congress Organisation (*please enclose/append*)

5. Copy of Registration Form for Congress (*please enclose/append*)

6. Copy of Registration payment receipt (*please enclose/append*)

7. Copy of CV (*please enclose/append*)

_____ **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)

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

APPLICATIONS MUST BE RECEIVED NO LATER THAN 30TH JUNE EACH CONGRESS YEAR
