

## European Association for Cranio-Maxillo-Facial Surgery

### APPLICATION FOR HUGO OBWEGESER TRAVELLING SCHOLARSHIP

**Guidance notes:** Scholarships (up to a maximum of 2000 euros) made on the recommendation of the Endowment Committee are designed to encourage 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) to travel to other countries to enhance their education and training.

### 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 and Category of Membership of EACMFS (see Guidance Notes above)**  
\_\_\_\_\_

**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 €uros)**

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

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

**(proof of expenses with copies of receipts required prior to payment)**

## **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 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](mailto: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

