

European Association for Cranio-Maxillo-Facial Surgery

APPLICATION FOR JOINT CLINICAL RESEARCH FELLOWSHIP BETWEEN EACMFS AND THE CHARLES WOLFSON CENTRE FOR RECONSTRUCTIVE SURGERY/ROYAL FREE AND UCLH HOSPITALS

Guidance notes:

Applications are welcomed from trainee members of EACMFS who are dually qualified and have an interest in clinical/translational research. A proven track record of experience in surgery and research is desirable. All applications should apply with a personal statement of 250 words plus CV

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:**

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)

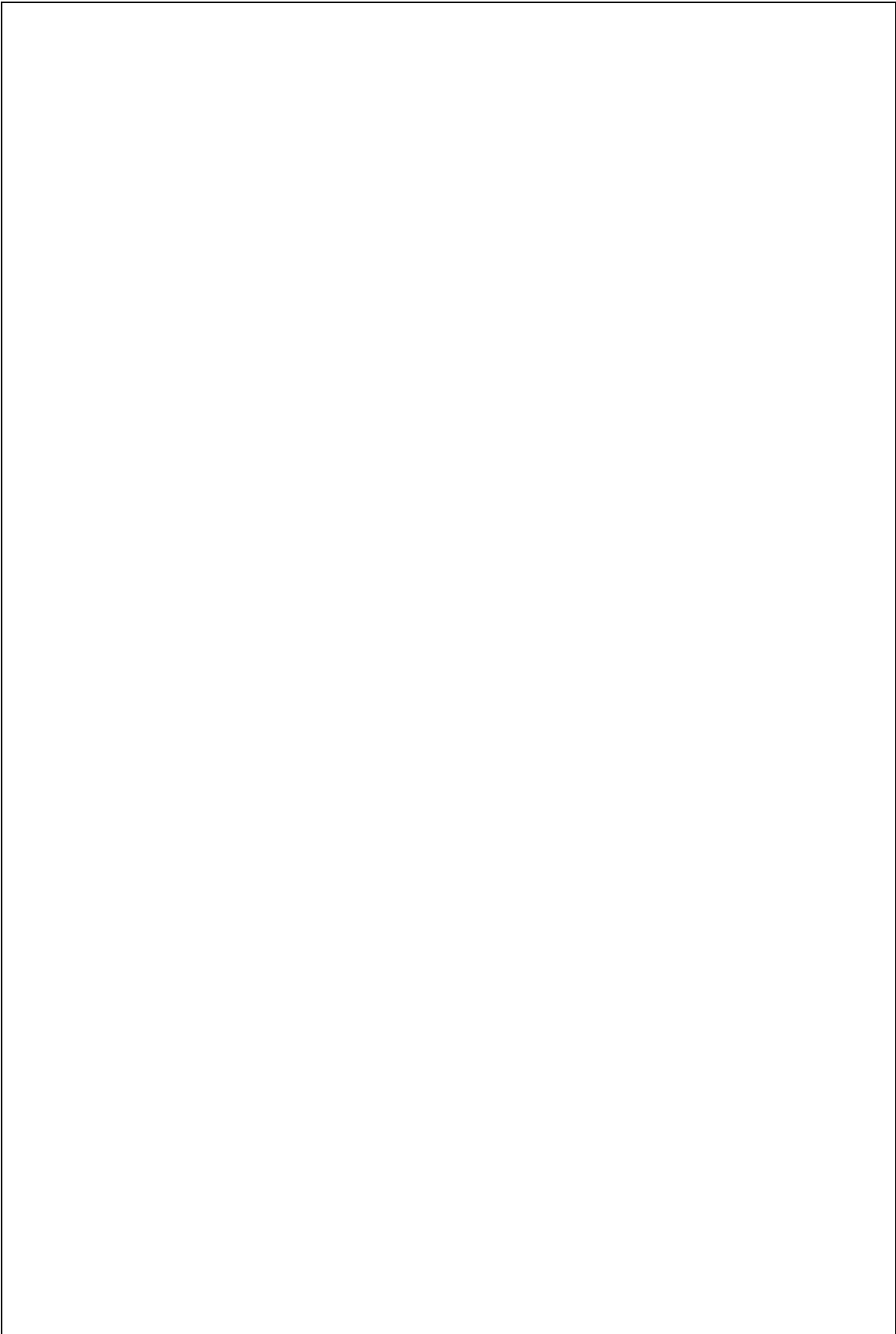
I am aware of the applicant's training and abilities and support this visitation

_____ **Signature**

_____ **Name**

3. Confirmation of eligibility for appropriate registration with the UK General Medical Council – www.gmc-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

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

Please return this application form via email when FULLY completed to:
secretariat@eacmfs.org