

**Fellowship Application Form 2019**

Applications will be judges on:

* Clinical experience (including log book)
* Presentation
* Publication
* Research
* Evidence of Leadership

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| **SCTS Fellowship:** | **The Marian and Christina Ionescu Travelling Fellowship for a consultant** |  |
|  | **SCTS-Ionescu Consultant Travelling Fellowship** |  |
|  | **SCTS-Ionescu NTN Trainee Travelling Fellowship** |  |
|  | **SCTS-Ionescu Non-NTN Surgical Fellowships** |  |
|  | **SCTS-Ionescu Non-NTN small travel awards** |  |
|  | **SCTS-Ionescu Nursing & Allied Health Professional Fellowships** |  |
|  | **SCTS-Ionescu Medical Student Fellowships** |  |

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| Have you previously applied for this fellowship? | Yes | No |

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| If yes, when and what was the outcome |  |

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| **Fellowship post details** |  |
| Hospital |  |
| Supervising Consultant / Professional |  |
| What is the salary attached to the post (if applicable) |  |
| Do you have a letter confirming acceptance to the post (If yes, please attach) |  |
| Start date & duration of fellowship |  |

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| **1. Describe your current skills, experience and competencies relevant to the fellowship** |
| No more than 300 words |
| **2. Describe what are your objectives for this fellowship** |
| No more than 300 words |

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| **3. Please provide a detailed plan on exactly how you plan to use the funds** |
| No more than 300 words |

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| **4. Describe the beneficial effects of the fellowship to the NHS** |
| No more than 300 words |

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| **5. Please provide any further information to support your application** |
| No more than 300 words |

I confirm that the details above are correct,

NAME (APPLICANT):

SIGNATURE: