

**SCTS-Ionescu**

**Exceptional Fellowship Application Form 2019**

**SCTS-Ionescu Nursing & Allied Health Professional Fellowships: 3 awards, £5,000 each**

Eligible applicants include Cardiothoracic Nurses, Advanced Nurse Practitioners, Surgical Care Practitioners, Physician Assistants, Physiotherapists, Pharmacists and Perfusionists, currently working within Cardiothoracic Surgery in Great Britain & Ireland and professionally registered with the NMC or HCPC. The Fellowships will be awarded to support a visit to a cardiothoracic surgery centre in the UK, Ireland or elsewhere in the world, or other educational opportunities which enhance the experience of the applicant to further their career in cardiothoracic surgery.

**Deadline 30th June 2019.**

Applications will be judges on:

* Evidence of engagement with SCTS
* Publication
* Research
* Evidence of Leadership
* Relevant skills pertaining to the fellowship. Please include an up to date summary CV.

(Please do not hyperlink publications to google scholar/ pubmed / research gate).

|  |  |  |
| --- | --- | --- |
| Have you previously applied for this fellowship | Yes | No |
| If yes, when and what was the outcome |  |

|  |  |
| --- | --- |
| Candidate Name |  |
| Current post & hospital |  |
| E-mail Address: |  |
| Mobile Number: |  |

|  |
| --- |
| **Fellowship post details** |
| Hospital |  |
| Supervising Consultant / Professional |  |
| What is the salary attached to the post (if applicable) |  |
| Start date & duration of fellowship |  |

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| --- |
| **1. Describe your current skills, experience and competencies relevant to the fellowship** |
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| **2. Describe what are your objectives for this fellowship** |
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| **4. Describe the beneficial effects of the fellowship to the NHS** |
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| **5. Please provide any further information to support your application** |

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**Projected Expense Form**

Please complete the form to project the expenses regarding the fellowship.

|  |  |
| --- | --- |
| Name: |  |
| Email Address: |  |
| Fellowship sites: |  |
| Fellowship duration: |  |
| No of delegates/ team |  |
| Dates |  |
|  | Relocation costs (where applicable) |  |
|  | Air fares (Economy only) |  |
|  | British Rail (**Advance** Second Class is acceptable) |  |
|  | Car mileage @ 40p per mile  |  |
|  | Taxis |  |
|  | Tube |  |
|  | Parking |  |
|  | Accommodation |  |
|  | Any scientific meeting registration |  |
|  | Other (specify) |  |
|  | TOTAL |  |

### Please save your expenses receipts to include in your fellowship report.

### Applicant and Surgeon in the team *must* be a member of the SCTS to be eligible for these

### fellowships.

### The Applicant must accompany the visiting team

* **Completed application form**

### **Curriculum vitae (maximum 2 pages)**

### **Letter from the visiting centre**

### **Letter of acceptance from consultant cardiothoracic surgeon with details of the experience to be gained.**

### **Letter of support from their Line Manager.**

Please save your completed application along with accompanying documentation **as one PDF document** and send to Letty Mitchell education@scts.org

I confirm that the details above are correct:

NAME (APPLICANT):

SIGNATURE:

DATE:

The fellowship monies are paid via bank transfer. Any queries contact education@scts.org