

**SCTS-Ionescu 90 Fellowships**

**Application Form 2020**

**SCTS-Ionescu 90 Consultant Team Fellowships:**

**3 awards, £15,000 each**

Eligible applicants include all members of the multi professional team which should include a Consultant Cardiothoracic Surgeon currently working in Great Britain & Ireland in all sub-specialties, including adult cardiac surgery, thoracic surgery, congenital cardiac surgery and transplantation surgery. The fellowship is awarded to support a visit of a team to a cardiothoracic surgery centre, which may be in the UK, Ireland or elsewhere in the world.

**Deadline 15th January 2020.**

Applications will be judges on:

* Clinical experience (including log book)
* 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: |  | |
| Are you a current SCTS Member? | Yes | No |

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

|  |
| --- |
| **1. Describe your current skills, experience and competencies relevant to the fellowship** |
| |  | | --- | | **2. Describe what are your objectives for this fellowship** | |  | | **3. Describe the beneficial effects of the fellowship to the NHS** | |  | | **4. Please provide any further information to support your application** | | |

**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 (one per team)**

### **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 Clinical Director or Medical Director.**

Please save your completed application along with accompanying documentation **as one PDF document** and send to Letty Mitchell [fellowships@scts.org](mailto:fellowships@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 [fellowships@scts.org](mailto:fellowships@scts.org)