

**Special Ionescu Fellowships**

**celebrating 50 years of the Pericardial valve**

**Application Form**

***Ionescu Medical Student Fellowships: 4 awards, £500 each***

Eligible applicants include medical students at a University in the UK & Ireland. The Fellowships will be awarded to support a visit to a cardiothoracic surgery centre which may be in the UK, Ireland or elsewhere in the world. It is designed to enhance the educational experience of an aspiring cardiothoracic surgeon. It is likely that the successful applicant will have already shown an interest in cardiothoracic surgery, identified a UK consultant mentor and will be seeking an immersive experience during an elective typically at least 4 weeks in duration.

**Deadline 15th August 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?*Please note applicants must be a member of the SCTS to be eligible for these fellowships. To apply for membership please go to* [*https://membership.scts.org/Join-Online*](https://membership.scts.org/Join-Online) | Yes | No |

|  |
| --- |
| **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** |
|  |
| **2. Describe what are your objectives for this fellowship** |
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| **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 expense receipts to include in your fellowship report.

Please save the following documentation below **as ONE PDF document** and send to Letty Mitchell fellowships@scts.org

* 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 Supervisor

|  |  |
| --- | --- |
|  | Tick |
| I have attached a recent high resolution picture for SCTS Website publication if awarded the fellowship. |  |
| I agree to inform SCTS education committee of any changes to the fellowship plan in a timely manner. |  |
| I agree to provide a written report about the fellowship which will be published in the SCTS Website and social media and if selected in the printed bulletin. |  |
| I agree to provide a 5 minute video summarizing the fellowship which will be broadcast in the SCTS AGM and website and circulated in SCTS social media. |  |
| I will return any unused funds to SCTS Education on completion of reports and submission of expenses. |  |
| I will respond to SCTS in a timely manner if future feedback is sought about the fellowship. |  |
| I agree to be a contact point to future awardees in relation to my fellowship plan. |  |

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