

**Special Ionescu Fellowships**

**celebrating 50 years of the Pericardial valve**

**Application Form**

***Ionescu Nursing & Allied Health Professional Fellowships: 4 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 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 |  |

|  |
| --- |
| **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 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](mailto: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 continue to be a member of SCTS for two years after completion of the fellowship. |  |
| 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 agree to present at the Annual SCTS conference once fellowship has been completed. |  |
| 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](mailto:fellowships@scts.org)