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| **SCOT/Zimmer Travelling Fellowship Grants**  **APPLICATION FORM 2019** | A close up of a clock  Description automatically generatedImage result for zimmer biomet |

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| **PERSONAL DETAILS** |

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| First name(s) |  |
| Surname |  |
| Level (i.e. ST8) |  |
| Training region |  |
| National Training Number (NTN) |  |
| CCT Date |  |
| Home address |  |
| Mobile number |  |

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| **TERMS & CONDITIONS** |

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| **Please tick all that apply** | |
| I will have completed the FRCS (Tr&Orth) examination before leaving on fellowship |  |
| I will be available to present at the Summer SCOT following the fellowship |  |
| I agree to write a 1000-word report within 60 days of completing my fellowship & submit to SCOT |  |
| I agree for my report to be submitted to the industry sponsor |  |
| I agree to return the grant in its entirety if the stated fellowship is not completed |  |
| I understand that 30% of the grant will be withheld pending the report and SCOT presentation |  |

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| **FELLOWSHIP DETAILS** |

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| Single or multiple site(s)? |  |
| Duration (total in months) |  |
| Will you be operating during this fellowship? |  |
| Is this fellowship pre-CCT or post-CCT? |  |
| Is this fellowship pre-FRCS or post-FRCS? |  |
| Is the fellowship confirmed?  If not please state likely confirmation date |  |
| Is this a paid or unpaid fellowship?  If paid, please state the salary |  |
| Name of supervising consultant |  |

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| **Principle or first site** | |
| Hospital name |  |
| Hospital address |  |
| Country |  |

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| **Second site (if applicable)** | |
| Hospital name |  |
| Hospital address |  |
| Country |  |

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| **QUESTIONS** |

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| **Q1.** Please provide details of your fellowship and include your learning objectives and whether or not you will observing/assisting/STS/STU (maximum 300 words) |
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| Please state word count: |

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| **Q2.** How will your fellowship benefit you? (maximum 250 words) |
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| Please state word count: |

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| **Q3.** How will your fellowship benefit the wider NHS? (maximum 250 words) |
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| Please state word count: |

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| **Q4.** How will your fellowship benefit your patients? (maximum 250 words) |
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| Please state word count: |

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| **Q5.** How do you intend to use the fellowship grant? (maximum 250 words) |
|  |
| Please state word count: |

**PLEASE ALSO ENCLOSE A CURRENT CV WITH YOUR COMPLETED APPLICATION FORM**