



**THE ROYAL COLLEGE OF  
SURGEONS IN IRELAND**  
COLLES TRAVELLING FELLOWSHIP  
IN SURGERY APPLICATION FORM

**PERSONAL DETAILS**

Name in Full (including degrees):

Date of Fellowship or Membership/Associate Fellowship of the College:

Present Address:

Contact Tel. No.:

Email address:

Date of Birth:

Specialty:

Stage in Training:

Current Post:

Previous Posts:

List distinctions and qualifications:

Career Aspirations:

**FELLOWSHIP DETAILS**

Name and location of host institution:

Sponsor at host institution (written agreement to be enclosed):

Commencement Date:

Conclusion Date:

Summarise briefly your scientific and/or research experience (exclusive of academic courses). Give details of any research support received:

Title of proposed Fellowship project programme:

Describe the proposed Fellowship or hospital programme:

The post to which you propose to return on completion of the Fellowship. Outline how this Fellowship will contribute to your career plans and the benefit it could bring to the Irish health service.:

Itemise costs of travel and other expenses involved:

Give details of any financial support already received or other application for consideration:

If you will receive a salary from host institution (specifically) indicate:

**REFERENCES**

Names and addresses of three referees (one should be your current supervising consultant) who support your application:

1.

2.

3.

**SIGNATURE**

Signature.:

Date: