

DATE RECEIVED:

Application for APAGE/JGH Foundation Clinician-Scientist Training Fellowship

Closing Date: 1st June 2018

See instruction page for how to complete this form using a word processor

1a Title Gender (M/F)

Surname

Given Names

1b Requested Fellowship Start Date: (format DD MM YYYY)

2 Date of Birth (format DD MM YYYY)

Address

Postcode

Phone Facsimile

Email:

3 I graduated in Medicine as follows:

Degree
 University
 Any other qualifications?

4 I am at present taking part in, or completed not more than 3 years before the closing date for this application, a training program in gastroenterology or hepatology as follows:

Name of program
Supervisor
Institution
Country
Date commenced
Date completed or due to complete

5 Location of Proposed Training

Institution
Country

7 Research Experience

*(this section **must** be word-processed or typed)*

[[

8 Publications

The Applicant's publications should be listed as:

- i) Refereed journal articles (indicate clearly whether published or in press)
- ii) Other articles, reviews, book chapters, etc.
- iii) Published Abstracts
- iv) Case Reports
- v) Patents

[]

9 Career Chronology from Beginning of Tertiary Studies

Positions held (*include clinical positions and further technical training*), including current positions

<i>(a) Year(s)</i>	<i>Employment or Study</i>	<i>Institution</i>
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(b) Indicate any postgraduate clinical qualifications and give outline of gastroenterology/hepatology training to date.

Qualification in basic Internal Medicine? [[

Details of Specialty Training in progress or recently completed [[

10 Proposed Research Training Program: Aims, Outline of Program

*Please do not exceed the two pages provided. This section **must** be wordprocessed or typed*

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11 Proposed Training Supervisor

Name

Title

Address

Postcode

Telephone

Facsimile

Email

Signature of Applicant

Date

Signature of Proposed Supervisor

Date

Signature of Head of Intended Department

I certify that this Department has the facilities and funding to support this proposal and that I believe this person is a suitable Applicant for this Fellowship

Date

Certification by Head of Administering Institution
(Head of Institution or Nominee)

Use Capital Letters

I certify that should be awarded a Fellowship, this Institution will be willing to administer the grant on his/her behalf.

Name of the Head of Administering Institution *(Use Capital Letters)*

Title

Given names

Surname

Position

Institution

Signature of Head of Administering Institution

Date

12 Nomination from the National Society of Gastroenterology

The applicant will have to obtain a letter from his/her national society of gastroenterology nominating him/her for the Fellowship.

([Section 13](#) and [Section 14](#) are to be submitted separately by the relevant Supervisors)

CHECKLIST

Checklist of application requirements: **This sheet must be completed.**

Applicant	<input type="text"/>
Current Department	<input type="text"/>
Current Institution	<input type="text"/>
Phone Number (include country and area codes)	<input type="text"/>
Proposed Training Program Title and Institution	<input type="text"/> <input type="text"/>

PERSONAL INFORMATION

Yes No

Academic transcript (to be attached at the end of application)	<input type="checkbox"/>	<input type="checkbox"/>
Current Supervisor's report requested by applicant	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Supervisor's report requested by applicant	<input type="checkbox"/>	<input type="checkbox"/>

NOMINATION LETTER

Yes No

Letter from the National Society of Gastroenterology	<input type="checkbox"/>	<input type="checkbox"/>
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