**ITC Fellowship Application Form**

Please fill out and return to: office@interburns.org

1. **NAME**
2. **DATE OF BIRTH**
3. GENDER

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F

1. **QUALIFICATIONS**
2. **CURRENT POSITION &**

**PLACE OF WORK/STUDY**

1. **COUNTRY**

**I wish to apply for the following fellowship:**

□ Surgical

□ Nursing

□ Therapy

□ Nutrition

**I wish to attend an INTERBURNS TRAINING CENTRE (ITC) in (1st choice):**

□ **India:** Choithram Hospital and Research Centre, Indore.

□ **Nepal**: Sushma Koirala Memorial Hospital (SKMH) or Kirtipur Hospital, Kathmandu

□ **No preference**

**If my first choice is not available I would like to apply to (2nd choice):**

□ **India:** Choithram Hospital and Research Centre, Indore.

□ **Nepal**: Sushma Koirala Memorial Hospital (SKMH) or Kirtipur Hospital, Kathmandu

□ **No preference**

1. **PROPOSED DATES OF FELLOWSHIP**

**I am/am not flexible in these dates. Y/N**

1. **FUNDING ARRANGEMENTS.** *Note: Fellowships are self-funded.* A non refundable application fee of US$500 is requested following acceptance onto the programme. In individual cases where this is prohibitive, Interburns may be able to suggest potential sources of funding support.

**All costs are the responsibility of the Fellow** including, but not restricted to: visa, medical registration, accommodation, living expenses, insurance and travel etc.

Please identify source of funding

**Please confirm:**

□ I have read & understood the funding arrangements stated above.

# **Stated Objectives**: Please provide a summary of what you hope to achieve during the fellowship and *how it may affect your work in future*. For instance: your main learning objectives and areas of interest. *Please provide a detailed and well thought-through response as this will increase your chances of acceptance(feel free to continue onto the next page).*

1. **Signed and dated by applicant**:
2. **LETTER of SUPPORT from hospital or supervisor: attached Y/N.**

**Contact details:**

Email:

Skype name:

Postal address: