

Overseas Fellowship

Application Form

**Who is eligible to apply for the BFIRST Fellowship?**

1. Fully Trained Plastic Surgeons: Senior Registrar or Consultant
2. Currently working within an established Plastic Surgery Unit in a developing country
3. Please see fellowship webpage for list of priority countries

**What should be included with your application?**

1. Complete this Application Form
2. Curriculum Vitae
3. Two Letters of Reference supporting your application

**Who would be an appropriate Referee?**

An appropriate referee should ideally be a Head of Department, Consultant colleague or Supervisor with whom you have worked as a plastic surgeon.

**What should the letter of reference contain?**

1. Details of progress and achievements made by the applicant in plastic surgery to date
2. How the fellowship would benefit the applicant
3. How the applicant would implement change as a result of the fellowship in their unit

**Where should completed applications be sent to?**

1. Please email a copy of your application to fellowship@bfirst.org.uk

**The deadline for fellowship applications is 31st July each year**

**What will happen if my fellowship application is successful?**

1. BFIRST will contact you via email in September regarding the application result
2. BFIRST will arrange a 6-week observational fellowship for you in a UK plastic surgery unit
3. The fellowship should take place between 1st January and 31st September in the year following the fellowship application
4. BFIRST will provide expenses for air travel, visas, accommodation and living costs during the fellowship
5. You must provide evidence of comprehensive **health insurance** which covers your stay, before making travel arrangements to qualify for the Fellowship should you be accepted
6. It is expected that successful applicants come to the UK alone, as regrettably BFIRST is unable to facilitate additional family members during the fellowship.

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| **Full Name** |  |  |
| **Date of Birth** |  |  |
| **Gender** |  |  |
|  |  |  |
| **Surgical Position & Date Appointed** |  |  |
| **Hospital** |  |  |
| **City** |  |  |
| **Country** |  |  |
|  |  |  |
| **Home Address** |  |  |
|  |  |  |
| **Email** |  |  |
|  |  |  |
| **Do you have a contact in plastic surgery or a specific hospital you wish to visit in the UK?** |  |  |
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| **Special areas of interest (eg: burns, hands, clefts, craniofacial, paediatric, head & neck, breast etc)**  **\*\*application for aesthetic surgery will not be accepted\*\*** |  |  |
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| **When do you wish to start?** |  |  |
|  |  |  |
| **Have you previously been awarded a surgical fellowship? If so, please give details** |  |  |
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| **Name of referee 1**  **Email** |  |  |
| **Name of referee 2**  **Email** |  |  |

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| **Reason why you are applying for this fellowship (200 words maximum).**  Please include:   * Why do you wish to visit the UK? * Why do you wish to spend time in your chosen hospital? * What do you expect to gain from your visit? |
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| **If you are awarded the fellowship, please describe the impact it would have in your country (200 words maximum).**  Please include:   * How would it effect on your surgical service? * Who, apart from yourself, would benefit if you are awarded the fellowship? * How will you share your UK experiences when you return to your country? |
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