* **Fellowship Program Application Form -**

Given name (first name):

Birth name (surname):

DOB and age:

Nationality:

Email:

Mobile:

|  |
| --- |
| **Applicant’s details:** |
| * Residency in Orthopedics is complete
 | YES | NO |
| * Scientific skills (publication(s) as first author and/or PhD)
 | YES | NO |
| * Fluent in English
 | YES | NO |
| * CV
 | YES | NO |
| * Motivation letter (must include a description of arthroplasty training, research background, fellowship and career plan)
 | YES | NO |
| **2 letters of recommendation (or reference letters)** | YES | NO |
| * Email of 1st referee:
* Email of 2nd referee:
 |
| **Fellowship details:** |
| * Preferred duration
 | 6m | 12m |
| * Preferred start date
 | Jan | July |
| * Preferred year (provide few options from most to less preferred):
 |
| **Financial support (e.g. from University, Orthopedic Societies, industry):*** Amount:
 |
| [**Personalised Artyhroplasty Society (PAS)**](https://personalizedarthroplasty.org/)**:** |
| * [Member of PAS](https://personalizedarthroplasty.org/membership)
 | YES | NO |
| * [PAS textbook](https://personalizedarthroplasty.org/education/personalized-hip-and-knee-arthroplasty-textbook) read (free of charge pdf upload)
 | YES | NO |
| **Comment(s):** |

This form and all documents must be sent to **contact@bari-arthroplasty.com**