* **Fellowship Program Application Form -**

Given name (first name):

Birth name (surname):

DOB and age:

Nationality:

Email:

Mobile:

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| **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**