# **The TWJ Foundation**

**FELLOWSHIP APPLICATION FOR 2018**

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| Full Name |  | | | | | | | | | | |
| Address |  | | | | | | | | | | |
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|  |  | | | | | | | | | | |
| Telephone number | |  | | | | | | Mobile |  | | |
| E-mail address | |  | | | | | | | | | |
| GMC number | |  | | | | | | Qualifications |  | | |
| Date of Intercollegiate Examination | | | | | |  | | | | | |
| Expected date of CCT | | | |  | |  | | | | | |
| Present Post | | |  |  | |  | | | | | |
| Please write a paragraph explaining why you wish to apply for a TWJ Fellowship. | | | | | | | | | | |  |
| How would you expect such a fellowship to influence your career? | | | | | | | | | |  |  |
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| Please send this form to: | | |  | | | | | | | | |
| [secretary@twjfoundation.org](mailto:secretary@twjfoundation.org) (preferred) | | | | | | | | | | | |
| or | | | | | | | | | | | |
| Miss Lidija Ivnik | | | | | | | | | | | |
| The TWJ Foundation | | | | | | | | | | | |
| at The Royal College of Surgeons of England | | | | | | | | | | | |
| 35 - 43 Lincoln's Inn Fields | | | | | | | | | | | |
| London WC2A 3PE | | | | | | | | | | | |
| **You must include a condensed version of your CV (*no more than 4 sides of A4 paper*) with contact details for two referees, a letter of support from your Training Programme Director, and a copy of your Log Book showing procedures that you have performed during training in the UK or Republic of Ireland to demonstrate your level of experience.** | | | | | | | | | | | |
|  |  | | | | | | | | | | |
| **CLOSING DATE FOR APPLICATIONS: Monday 10th July 2017.** | | | | | | | | | | | |
| **INTERVIEW DATE FOR SHORTLISTED CANDIDATES: Friday 22nd September 2017 at the RCSEng.** | | | | | | | | | | | |