



# ASIAN PACIFIC FEDERATION OF SOCIETIES FOR SURGERY OF THE HAND

## Travelling Fellowship Application Form

### **Aims:**

The aim of this travelling fellowship is to provide limited financial support to a young surgeon from an APFSSH member society to travel to an international hand surgery conference and then travel to at least one further hand surgery centre in that city or country to learn and gain further experience and to make new contacts.

One Fellowship will be offered each year.

### **Application:**

Applications will be accepted by the APFSSH Education Committee from hand surgeons no later than 1<sup>st</sup> December in the year prior to their proposed Fellowship.

### **Pre-requisites:**

1. Applicants must be under the age of 45 at the time of application.
2. Applicant must be a full member of their countries Hand Surgery Association / Society.
3. Applicant should outline the desired outcome of their Fellowship and what they hope to achieve.
4. Applicants must outline their travel plans in detail including the Congress they are to attend and what other centres they intend to visit. This should be accompanied by a letter from the host society confirming the program.
5. Application must include a current CV.

### **Selection Criteria:**

The APFSSH Travelling Fellowship will be reviewed by the members of the APFSSH Education Committee and awarded based on the quality of the proposed educational activity, the detail of the application process and the perceived value of the Fellowship for the travelling fellow and their parent Society. Preference will be given to conferences in the Asian-Pacific region.

The successful candidate will be notified of the decision of the Education Committee within 4 weeks of closing date. The Fellowship must be concluded within the year following acceptance of the Fellowship.

**Support:**

The APFSSH will be offering one Travelling Fellowship each year with financial support of SGD \$5000 for each candidate. The successful candidate will arrange for any extra expenses themselves. The candidate may seek further support from their parent Society and the guest society. The APFSSH Executive will assist with introductions and contact details.

It is expected that the fellow will acknowledge the support of the APFSSH in any presentation and publication arising out of the Travelling Fellowship.

**Post Fellowship obligations:**

Following the Fellowship it is a requirement that the fellow provide to the Education Committee a reconciliation of how the grant was used. It is also expected that the Fellow will provide a written report to the Education Committee on their experience and to present their experience to the next APFSSH Biennial Congress.

**Liability:**

The successful candidate will indemnify the APFSSH and the Executive for any adverse events that may occur during the course of the fellowship.

**Email applications:**

To: [admin@apfssh.net](mailto:admin@apfssh.net)

<b><u>Application Form</u></b>	
Full name of Applicant (surname/first name in CAPITALS):	
Date of Application (DD/MM/YYYY):	
Date of Birth (DD/MM/YYYY):	
Name of National Hand Surgery Association/Society in which you are a full member:	
Name of Congress/Meeting to attend:	
Date of Congress/Meeting:	From (DD/MM/YYYY):  To (DD/MM/YYYY):

Country where Congress/Meeting is to be held:	
Duration of Fellowship:	From (DD/MM/YYYY):  To (DD/MM/YYYY):
Centre(s) to visit in the country where Congress/Meeting is to be held (please list all Centres visiting and number of days for each centre):  <i>If there is not enough space, please attached.</i>	
Hand Surgeon(s) attached with:	
Main Qualifications ( Education and Professional):  <i>Please attached full Curriculum Vitae.</i>	
Current position, department & name of hospital:	Position:  Department:  Hospital:
Special Interests:	

<b>No.</b>	<b>Check lists – Documents to Submit</b> <i>Please ensure all the following have been completed.</i>	<b>Checkbox</b>
1.	Application form has been completed and signed.	<input type="checkbox"/>
2.	Attached current Curriculum Vitae.	<input type="checkbox"/>
3.	Attached Letter of support from Hand Surgery Association/Society in which you are a full member.	<input type="checkbox"/>
4.	Attached letters from the host centres/society/association confirming the programs.	<input type="checkbox"/>
5.	Attached write-up on the outline of the desired outcome of my Fellowship and what I hope to achieve.	<input type="checkbox"/>
6.	Attached my travel plans in details including the Congress I am attending and other centres that I am visiting.	<input type="checkbox"/>
7.	Attached your budget.	<input type="checkbox"/>

## **Acknowledgements**

- (1) I will acknowledge the support of APFSSH in all presentation and publication arising out of the Travelling Fellowship.
- (2) Post Fellowship obligations:
  - a. Submit a written report on how the grant was used.
  - b. Submit a written report to the Education Committee, APFSSH, on my experience and programs attended including photos.
  - c. To present my experience at the next APFSSH Biennial Congress.
- (3) Reimbursement will only be provided after obligations (a) and (b) have been fulfilled.
- (4) I will indemnify the APFSSH and the Executive for any adverse events that may occur during the course of the Fellowship.

I, \_\_\_\_\_ (full name of applicant) accepts and acknowledge the above.

Signature: \_\_\_\_\_

Date (DD/MM/YYYY): \_\_\_\_\_