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**The SBNS Caribbean Training Fellowship**

**Application Form**

**About you**

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| Title | Click or tap here to enter text. |
| First Name | Click or tap here to enter text. |
| Surname | Click or tap here to enter text. |
| Email address | Click or tap here to enter text. |
| Telephone number | Click or tap here to enter text. |
|  |  |
| UK region or training programme | Choose an item. |
| Training Programme Director’s Name | Click or tap here to enter text. |
| Training Programme Director’s email address | Click or tap here to enter text. |
| National Training Number (if any) | Click or tap here to enter text. |
| Year of Training on proposed travel date | Choose an item. |
| Provisional CCT or CESR date | Click or tap to enter a date. |

**Availability and Preference**

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| August – October | Choose an item. |
| November – January | Choose an item. |

What are your reasons for wanting to go abroad? (max. 500 words)

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| Please enter text giving your reasons for wanting to go abroad. |

Please give bullet pointed examples that demonstrate your initiative and enthusiasm for making the most of an opportunity. Examples may come from within or outside of Neurosurgery. (max. 500 words)

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| Please enter a bullet point list that demonstrates your initiative and enthusiasm. |

Please give bullet point examples that demonstrate your interest in global health. Examples may come from within or outside of Neurosurgery. This could include for example presentations, publications, involvement in international MDTs, working abroad or other activities. (max. 500 words)

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| Please enter a bullet point list that demonstrates your interest in global health. |

Any additional information?

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**Declaration**

I confirm that

* The information on this form is correct and complete
* I have received an outcome 1 in my most recent ARCP
* I have been a member of the SBNS (normally an Associate member) for at least 2 years
* For NTNs: I have the support of my TPD and my deanery (normally as an OOPE)
* I will write a short report for the SBNS Global Neurological Surgery Committee on my return and I understand that this may be published

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| --- | --- | --- |
| **Your name** | **Date** | **Signature** |
| Click or tap here to enter text. | Click or tap to enter a date. |  |

**Please also include the following documents with your application:**

* Training Programme Director reference form (for NTNs)
* Current logbook SAC indicative report
* Independent reference from a Neurosurgical trainer other than the Training Programme Director
* Confirmation that a period out of programme has been considered and supported by the local deanery