



**The British Society of the Study of Vulval Diseases**

**BSSVD Visiting Fellowship Application Form**

**Part A**

**1**

Visiting Fellow's details

Surname:

Date of Birth

Forenames:

Title

Department address.....

.....

Business Tel:

Work Tel:

E-mail:

**2**

Place where the Visiting Fellow would visit:

Host Department:

Institution address:

Tel:

Fax:

**3**

Name and title of:

Head of the above Host Department:

Proposed Supervisor during the visiting period:

**4**

Applicant record demonstrating interest in vulval diseases



**5**

Postgraduate career including present employment (in date order, earlier first):

Place of work	Post held	Dates
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**6**

Details of present employment:

Grade:

Present basic annual salary:

Next incremental date:

Date of entry to current grade:

Would you be granted paid leave of absence to take up a Fellowship? Yes/No

**7**

Publications relevant to this application

**8**

Please state briefly why you chose the Host Department to visit named above

**9**

Aims and programme of the Fellowship



**10**

Career intentions:

**11**

Period for which award is requested:

Number of weeks:

Starting date:

Termination date:

**12**

Present Head of Department (where candidate currently works) to whom part B has been passed:

Name:

Address:

Tel:

Fax:

e-mail

**13**

Amount requested:

For Travel

Destination £

Date £

Method £

Class £

For subsistence



Number of days	£
Cost per day	£
Other expenses	£
Total requested	£

**14**

Independent referee to whom Part C has been passed:

Name:

Address:

Tel:

Fax:

E-mail:

I have read the Terms and conditions for the BSSVD Visiting Fellowship Award and if my application is successful, I agree to abide by them

Signature of applicant:.....

Date.....





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**Part C**

Candidate's Name.....  
(in full, Surname first)

**Instructions to applicant.** Please pass this sheet (with a copy of part A) to a referee (who is not attached to your present or proposed host department) to complete, with the request that he/she should forward it under separate cover to Honorary secretary. Dr Chris Sonnex, Consultant, Dept of GU Medicine, Addenbrookes NHS Trust, Hills Road, Cambridge, CB2 2QQ

To Referee: the above-named applicant has applied for a BSSVD Visiting Fellowship. Could you please let the Society have your typewritten views on the applicant suitability for the Visiting Fellowship award

1. Your name and title:
2. Length of time you have known the candidate:
3. Your comments on the suitability of the candidate for further training in the diagnosis and treatment of vulval diseases:

Name of Head of Department

Are you a member of the BSSVD?

Yes/No

Address:

Tel:

Fax:

E-mail:

Signature..... Date.....