



**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 |
|---------------|-----------|-------|
|---------------|-----------|-------|

**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 B**

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

**Instructions to applicant.** Please pass this sheet to your Head of Department to complete with the request that he/she should forward it under separate cover to the BSSVD Honorary Secretary, Dr Chris Sonnex, Consultant, Dept of GU Medicine, Addenbrookes NHS Trust, Hills Road, Cambridge, CB2 2QQ

**To Head of Department:** The above-named applicant has applied for a BSSVD Visiting Fellowship. Could you please let the Society have your typewritten views on the suitability of the applicant to the Visiting Fellowship Award

1. Candidate's scientific ability and suitability for a Visiting Fellowship, the primary purpose of which is to provide support for a period of training:

2. Appropriateness of proposed project and Host department of choice

3. Name of Head of Department

Are you a member of the BSSVD?

Yes/No

Address:

Tel:

Fax:

E-mail:

Signature..... 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.....