**2023 ISAPS Aesthetic Surgery Fellowship Application Form**

|  |  |
| --- | --- |
| Date: |  |
| ISAPS Resident or Associate Membership ID Number: |  |
| Family name: |  |
| First name: |  |
| Gender: |  |
| Age: |  |
| Address: |  |
| City: |  |
| Country: |  |
| Nationality: |  |
| Telephone: |  |
| Email: |  |
| Website: |  |
| Current hospital: |  |

**PLEASE MAKE SURE TO ANSWER ALL QUESTIONS!**

*Incompletely filled in forms will not be processed! Forms have to be submitted online before 1 May 2022.*

*Please tick the boxes when required or applicable.*

**I. Preferences**

**1.** Do you (if any) have a preferred fellowship starting date? The fellowship has a duration of three months.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| No, all possible | January 2023 | April 2023 | July 2023 | October 2023 |
|  |  |  |  |  |

**2.** If a fellowship would become available unexpectedly, would you be **willing and able** to fill such a vacancy on a short notice (say in a couple of weeks time)?

|  |  |
| --- | --- |
| *Yes* |  |
| *No* |  |

**3.** Currently 14 internationally renowned Plastic Surgery units are connected to our program. Please give us **your first and second preference**:

|  |  |
| --- | --- |
| *First preference* |  |
| *Second preference* |  |

Please also note below in which other units you’d be interested in doing a 3 months fellowship:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| *1. Cali* | *2. Capetown* | *3. Dublin* | *4. Ghent* | *5. Isatnbul* | *6. Köln* | *7. London* | *8. Montreux* | *9. Rotterdam* | *10. Salo* | *11. Stuttgart* | *12. Tehran* | *13. Trissur* | *14. Vienna* | *15. Marbella* | *16. Sydney* |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |

**6.** **On what subject would you like to focus** during your fellowship? More options are allowed:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| *1. Craniofacial Surgery* | *2. Cleft Surgery* | 3. Body Contouring | 4. Facial Palsy | 5. Rhinoplasty | 6. Facial Aesthetics | 7. General Aesthetics |
|  |  |  |  |  |  |  |

**7.** What languages do you speak?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| English |  | French |  | Hindu |  | Turkish |  |
| Dutch |  | German |  | Italian |  |  |  |

**II. Pre-graduate**

**1.** Are you currently in an authorised plastic surgery specialist training program?

|  |  |  |
| --- | --- | --- |
| *Yes* |  | *If yes, please proceed to question III-1* |
| *No* |  | *If no, please proceed to question IV-1* |

**2.** If so, when did you start your specialist training program?

|  |  |  |
| --- | --- | --- |
| *Year* |  |  |

**3.** How long is this specialist training program in your country?

|  |  |  |
| --- | --- | --- |
| *Years* |  |  |

**4.** In what phase of your specialist training program are you?

|  |  |
| --- | --- |
| *I have to do another 2 years* |  |
| *I am in my last year* |  |
| *Other (please specify)* |  |

**5.** When do you expect to qualify as a specialist plastic surgeon in your country?

|  |  |  |
| --- | --- | --- |
| *Date* |  |  |

**III. Post-graduate**

**1.** Are you a qualified plastic surgeon in our country?

|  |  |
| --- | --- |
| *Yes* |  |
| *No* |  |

**2.** When did you qualify as a plastic surgeon in your country?

|  |  |  |
| --- | --- | --- |
| *Date* |  |  |

**3.** What is your predominant work location?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| General hospital |  | University hospital |  | Private clinic |  |

**IV. Jobs**

|  |
| --- |
| Please list the dates and functions of the (training) jobs you have had up till now in chronological order, **starting with and working back from your current job**: |
| Current job  |
| DatesFunctionDepartmentHospital |  |
| Previous job (1) |
| DatesFunctionDepartmentHospital |  |
| Previous job (2) |
| DatesFunctionDepartmentHospital |  |
| Previous job (3) |
| DatesFunctionDepartmentHospital |  |
| Previous job (4) |
| DatesFunctionDepartmentHospital |  |
| Previous job (5) |
| DatesFunctionDepartmentHospital |  |
| Previous job (6) |
| DatesFunctionDepartmentHospital |  |

**V. Research**

|  |
| --- |
| Please list the research you have done to date. Include if any scientific outcome was achieved (i.e. presentation at conference. If paper published, then give reference): |
| 1. |
| SubjectYearSupervisorPresented? Where?If published, please give reference: |   |
| 2. |
| SubjectYearSupervisorPresented? Where?If published, please give reference:  |   |
| 3. |
| SubjectYearSupervisorPresented? Where?If published, please give reference: |   |
| 4. |
| SubjectYearSupervisorPresented? Where?If published, please give reference: |   |
| 5. |
| SubjectYearSupervisorPresented? Where?If published, please give reference: |   |

**VI. Why should we select you?**

|  |
| --- |
| Everybody that applies for this fellowship is motivated. Please list 3 specific reasons why we should select you (reasons that would not apply to other applicants): |
| **1.****2.****3.** |

**VII. Motivation**

|  |
| --- |
| Please motivate why you wish to join our fellowship program?? |
|  |

**VIII. References**

|  |
| --- |
| Please name three people who are willing to provide you with a reference. Be aware that your application will not be processed without these references.- If you are in a training programme: **one of them has to be the training course director**.- If you are working at a department: **one of them has to be your head of department.**  |
| 1. Name

Function = Head of training program/Head of department (please specify)EmailTelephone |
| 1. Name

FunctionEmailTelephone |
| 1. Name

FunctionEmailTelephone |

**IX. Via whom or what webpage did you find out about this fellowship?**

|  |
| --- |
| Name: |
| Webpage: |

**X. Remarks**

|  |
| --- |
| Any special remarks you’d like to make? |