



Photograph

Application date: \_\_\_\_\_

**APPLICATION FORM FOR THE 2010/2011**

**ESSKA -  smith&nephew SCHOLARSHIP**

Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Citizenship: \_\_\_\_\_

Office address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Home address: \_\_\_\_\_

Zip code: \_\_\_\_\_ City: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**!! IMPORTANT !!**

**Please provide updated e-mail addresses and telephone numbers,  
as applicants will be contacted solely by these means.**

# CURRICULUM VITAE

Graduate University: \_\_\_\_\_ Date: \_\_\_\_\_

Post –Graduate education (speciality, location, date):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Academic title(s): \_\_\_\_\_

Special awards:

\_\_\_\_\_  
\_\_\_\_\_

Present occupation: \_\_\_\_\_

Are you a member of ESSKA: YES  NO:

Do you know an ESSKA member personally? YES  NO:

If yes, whom? \_\_\_\_\_

Language(s):	Speak	write	read
1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Present research, interests and activities:**

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**Your professional aims for the future:**

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**Do you plan to continue your career at the same clinic? \_\_\_\_\_**

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**Your expectations from the ESSKA scholarship:**

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**Your preferred countries for the training:**

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**List all scientific presentations and papers you have published (except abstracts):**

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**Date:**

**Signature:**

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<b>INSTRUCTIONS:</b>
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1. Applicants must hold a specialist certification issued by their national authorities.
2. Applicants must be under 40 years of age at the time of the application.
3. A passport photograph should be attached to the application.
4. Complete this form and return it via post or e-mail (**deadline 1<sup>st</sup> May 2010**) to:

ESSKA Executive Office Luxembourg  
Centre Médical – Clinique d'Eich  
c/o Ms. Brigitte Melchior-Dolenc  
76, rue d'Eich  
L-1460 Luxembourg

E-mail: [dolenc.brigitte@chl.lu](mailto:dolenc.brigitte@chl.lu)