

DATE RECEIVED:

Application for APAGE/JGH Foundation Clinician-Scientist Training Fellowship

Closing Date 28 February 2009

See instruction page for how to complete this form using a word processor

1a Title Gender (M/F)

Surname Given Names

1b Requested Fellowship Start Date: (format DD MM YYYY)

2 Date of Birth (format DD MM YYYY)

Address

Postcode

Phone

Facsimile

Email:

3 I graduated in Medicine as follows:

Degree

University

Any other qualifications?

4 I am at present taking part in, or completed not more than 3 years before the closing date for this application, a training program in gastroenterology or hepatology as follows:

Name of program

Supervisor

Institution

Country

Date commenced

Date completed or due to complete

5 Location of Proposed Training

Institution

Country

6 Summarise undergraduate performance

List undergraduate career chronology (*include honours or equivalent. Transcripts and institutional key to grading system used to be included as an attachment at the end of the application. If the transcripts are in a language other than English, a certified translation must be provided*)

*Year**Subject**Grade**Institution*

7 Research Experience

*(this section **must** be word-processed or typed)*

A large, empty rectangular box with a thin black border, occupying most of the page below the header. It is intended for the applicant to write their research experience.

8 Publications

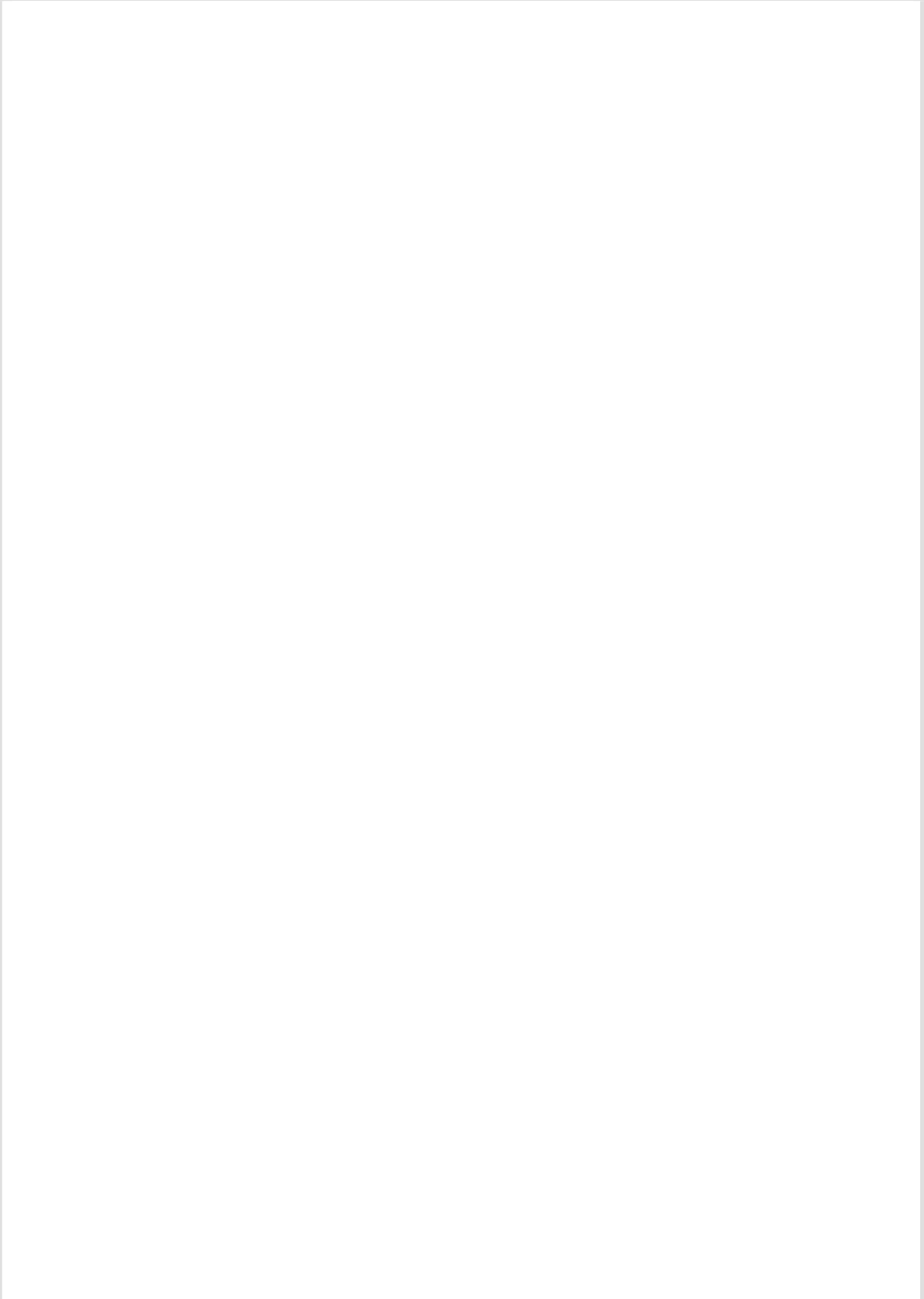
The Applicant's publications should be listed as:

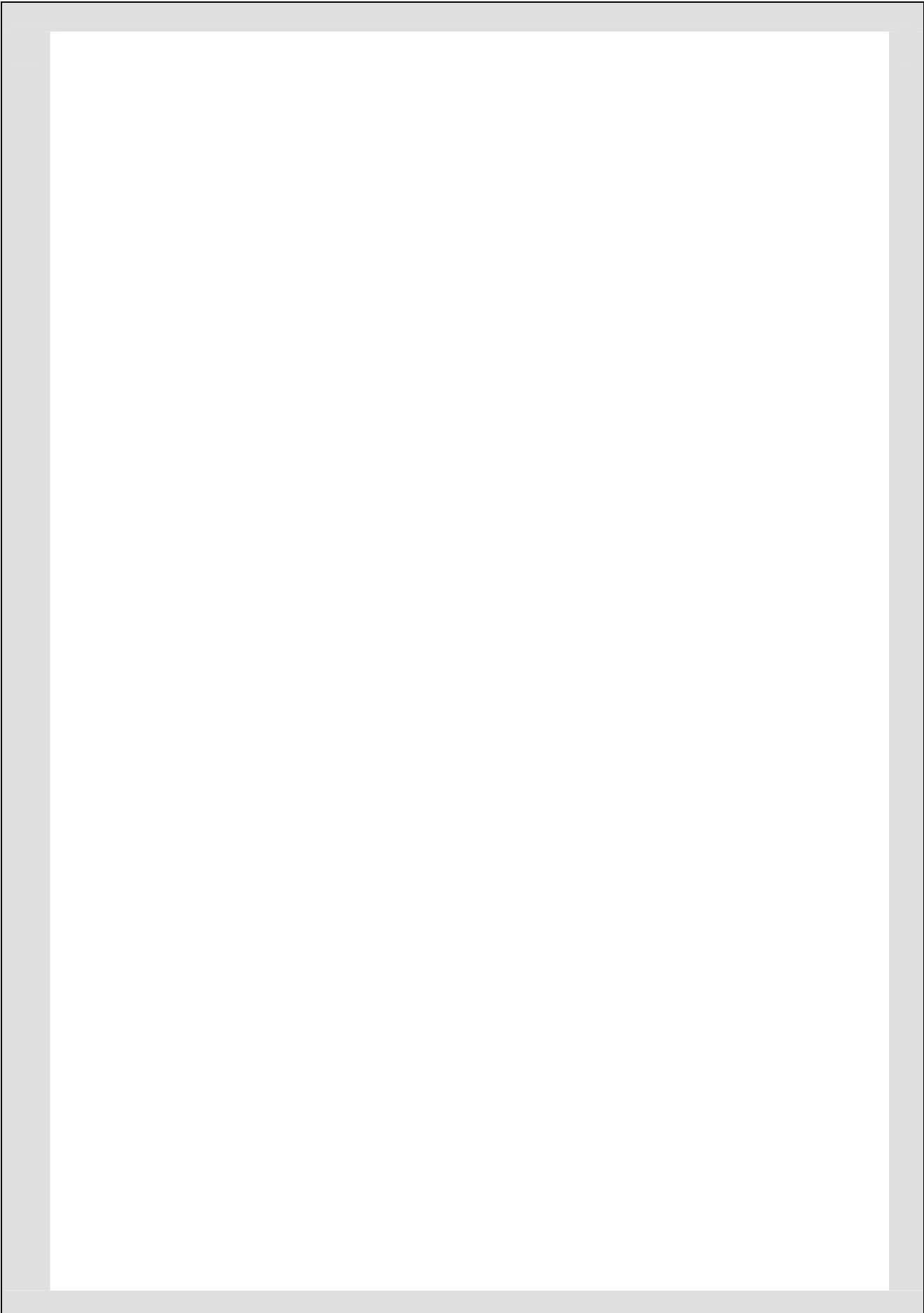
- i) Refereed journal articles (indicate clearly whether published or in press)
- ii) Other articles, reviews, book chapters, etc.
- iii) Published Abstracts
- iv) Case Reports
- v) Patents

A large, empty rectangular box with a thin black border, intended for the applicant to list their publications according to the instructions above. The box occupies most of the page's vertical space below the header.

10 Proposed Research Training Program: Aims, Outline of Program

*Please do not exceed the two pages provided. This section **must** be wordprocessed or typed*





11 Proposed Training Supervisor

Name

Title

Address

Postcode

Telephone

Facsimile

Email

Signature of Applicant

Date

Signature of Proposed Supervisor

Date

Signature of Head of Intended Department

I certify that this Department has the facilities and funding to support this proposal and that I believe this person is a suitable Applicant for this Fellowship

Date

Certification by Head of Administering Institution
(Head of Institution or Nominee)

Use Capital Letters

I certify that should be awarded a
Fellowship, this Institution will be willing to administer the grant on his/her behalf.

Name of the Head of Administering Institution *(Use Capital Letters)*

Title

Given names

Surname

Position

Institution

Signature of Head of Administering Institution

Date

12 Report by Current Supervisor (or most recent supervisor if training already complete)

The applicant must send this page to their current or recent supervisor and request that the completed report be sent directly to: Secretariat, Asian Pacific Association of Gastroenterology, Room C, 7th Floor, Thomson Commercial Building, 8 Thomson Road, Wanchai, Hong Kong, China or by fax to +852 2869 9533 or email: apage@apage.org (if prepared electronically, supervisor need not sign but should indicate their approval in their covering email)

The supervisor should please provide this before the closing date of 28 February 2009

Name of present/recent supervisor

Signature

Date

13 Report by Proposed Supervisor

The applicant must give this page to their proposed supervisor and request that the completed report be sent directly to: Secretariat, Asian Pacific Association of Gastroenterology, Room C, 7th Floor, Thomson Commercial Building, 8 Thomson Road, Wanchai, Hong Kong, China or by fax to +852 2869 9533 or email: apage@apage.org (if prepared electronically, supervisor need not sign but should indicate their approval in the covering email)

The supervisor should please provide this before the closing date of 28 February 2009

Name of proposed supervisor

Signature

Date

CHECKLIST

Checklist of application requirements: **This sheet must be completed.**

Applicant	<input type="text"/>	
Current Department	<input type="text"/>	
Current Institution	<input type="text"/>	
Phone Number (include country and area codes)	<input type="text"/>	
Proposed Training Program Title and Institution	<input type="text"/>	
PERSONAL INFORMATION	Yes	No
Academic transcript (to be attached at the end of application)	<input type="checkbox"/>	<input type="checkbox"/>
Current Supervisor's report requested by applicant	<input type="checkbox"/>	<input type="checkbox"/>
Proposed Supervisor's report requested by applicant	<input type="checkbox"/>	<input type="checkbox"/>