**Applicant Name:** Click here to enter text.

**Proposed Institution for Fellowship:** Click here to enter text.

**Short-Term Training Fellowship**

**Application Form**

Applications must be on this application form

**Purpose**

* To facilitate short-term training and experience in technical, clinical or research skills that will enhance the career prospects of the Fellow and is likely to benefit other gastroenterologists and the standards of practice in the country of origin.

**Eligibility**

* Trainees or those who have completed training in gastroenterology within the previous five (5) years will be given priority.
* Applications from more senior gastroenterologists will also be considered when there is a high probability of technology transfer to others.
* Priority will be given to applicants from centres and countries where there is restricted access to similar training facilities or expertise.

**Conditions**

* Competitive applications will be peer-reviewed.
* A maximum of three (3) awards will be available each year.
* Value will be up to US$10,000 to be paid as reimbursement for receipted expenses: relating to travel or accommodation (applicant only). Under special circumstances other receipted expenses will be considered.
* An essential feature will be support of the applicant’s institution/senior colleagues and the host institution. A part contribution to expenses by the host institution will be viewed favourably.
* The duration of the fellowship will be six (6) weeks to a maximum of six (6) months.

**Applicant’s Details**

Insert your photo here

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First Name: Click here to enter text.

Last Name: Click here to enter text.

Professional Title: Click here to enter text.

Nationality: Click here to enter text.

Gender: Click here to enter text.

Native Language: Click here to enter text.

Age:

Home Email: Click here to enter text.

Mobile phone number including international dialling code: Click here to enter text.

Address: Click here to enter text.

State: Click here to enter text.

Post Code: Click here to enter text.

Country: Click here to enter text.

Where would you like correspondence emailed to?

Click here to enter text.

**Your Current Appointment and Position**

What year did you complete your training in gastroenterology and hepatology? Click here to enter text.

Position: Click here to enter text.

Hospital: Click here to enter text.

State and Country: Click here to enter text.

**Institution of Planned Fellowship**

Name of Institution Click here to enter text.

Department Click here to enter text.

Address Click here to enter text.

State Click here to enter text.

Postcode Click here to enter text.

Country Click here to enter text.

Name of Supervisor overseeing your Fellow at this institution Click here to enter text.

Is the host institution making a contribution towards your expenses? Click here to enter text.

If so, please state the amount in USD$ Click here to enter text.

**Date and Duration of Fellowship (date to and from)** Click here to enter text.

**Why have you chosen this institution? What does it offer that you are not able to gain in your home country?** Click here to enter text.

**What specific areas (subjects or skills) do you want to focus on in your chosen institution?** (bullet points)Click here to enter text.

**What skills and knowledge will you provide to fellow gastroenterologists on your return to your home institution?** Click here to enter text.

**How will you provide/deliver these skills and knowledge?** Click here to enter text.

**Education** (Please list in reverse chronological order beginning with your most recent education.)

Click here to enter text.

**Professional Experience** (Please list in reverse chronological order beginning with your most recent position.)   
 Click here to enter text.

**Professional Awards, publications** (if co-authored please name all authors) **and other achievements** (Please list in reverse chronological order beginning with your most recent event.)

Click here to enter text.

**Letter of Recommendation**

Please request a separate letter of recommendation be emailed to jghf@jghfoundation.org.au Subject line: Confidential Recommendation re: Applicant’s name.

**Referee Details**

Name: Click here to enter text.

Title: Click here to enter text.

Division: Click here to enter text.

Hospital: Click here to enter text.

State and Country: Click here to enter text.

Email Address: Click here to enter text.

Mobile number with international dialling code: Click here to enter text.

Relationship to Applicant: Click here to enter text.

Number of years known to Applicant: Click here to enter text.

**Please attach these documents to your application form:**

* A work visa for your host country
* Medical registration for your host country
* Confirmation of appointment by your host institution
* Relevant insurance/s as required by your host institution

**Declaration**

I certify that the information contained herein is correct to the best of my knowledge. I agree to comply with all necessary standards of the country I will undertake my fellowship in. I understand arranging placement, working visas, medical registration, travel and accommodation are my responsibility.

**Signature**

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Email application to Fiona K. Bailey, CEO JGHF

[jghf@jghfoundation.org.au](mailto:jghf@jghfoundation.org.au)

Subject line: JGH Foundation Short Term Training Fellowship Application

**Thank you and good luck with your application.**