**COOL Clinical Fellowships in Children’s Orthopaedics**

**APPLICATION FORM**

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| --- | --- | --- |
| **Last name:** | |  |
| **First name:** | |  |
| **Title** | |  |
| **Gender:** | | Male/Female *(please delete as applicable)* |
| **Date of Birth (DD/MM/YYYY):** | |  |
| **Telephone number (including country code):** | |  |
| **Email address:** | |  |
| **Address:** | |  |
| **Current work position:** | |  |
| **Name and address of current place of work or study:** | | |
|  | | |
| **Please provide below names and phone numbers and email addresses of TWO referees (one should be one of your COSECSA country representatives):** | | |
|  | | |
| **Preferred placement location (Please mark with ‘X’)** | | 1. Beit CURE International Hospital Malawi 2. AIC-CURE International Children’s Hospital of Kenya 3. CURE Ethiopia Children's Hospital (CECH) 4. Beit CURE Hospital of Zambia 5. No preference |
| **Dates of availability** | |  |
| **Notice period required**  **(if applicable):** | |  |
| **Please explain below why you would like to apply for the Clinical Fellowship in Paediatric Orthopaedics (Max 300 words):** | | |
|  | | |
| **CONSENT:**  I have read the Application Information for the COOL 6 month Clinical Fellowships in Paediatric Orthopaedics. I understand that I will be required to complete and keep detailed records of my training, such as logbooks and other clinical skills assessment documentation, and that certification will be given only on satisfactory completion of the training. I understand that I may be contacted or visited during or after my placement for the purposes of project monitoring and evaluating and improving the training in the future. I am aware that photos and non-sensitive data gathered during the training may be used by COOL for reporting and publicity purposes. | | |
| **Signed:** |  | |
| **Date:** |  | |

To complete your application, please email the following to: [cool@ndorms.ox.ac.uk](mailto:cool@ndorms.ox.ac.uk):

* Your completed application form
* Short CV (max 3 pages)
* Two references (one reference must be from one of your COSECSA country representatives)
* A passport-style photograph

If you have any queries regarding this application, please do not hesitate to contact Grace Le, COOL Project Manager on [cool@ndorms.ox.ac.uk](mailto:cool@ndorms.ox.ac.uk) or +44 (0)1865 737543.

GL/16.11.2012