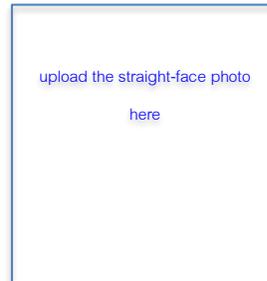


Application Form

The Weary Dunlop – Boonpong Exchange Fellowship Program

Administered by the Royal Australasian College of Surgeons (RACS)

and the Royal College of Surgeons of Thailand (RCST)



1. Personal Information

Surname:

First Name:

Name in Thai:

Specialty:

Gender: Male Female

Date of Birth: Place of Birth:

Age:years

2. Contact Information

Home Address:

.....

.....

Office Address:

.....

.....

Phone (Office): Mobile:

Email:

3. Family and Emergency Contact

Marital Status: Single Married

Number of Children:

Emergency Contact Person:

Name (Thai):

Relationship:

Address:

Mobile: Email:

4. Educational Background

Degree	Institution	Year
M.D.		
Thai Board of		
Year accepted as FRCST		
Other degrees:		
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

5. Surgical Training and Experience

(Please provide details of your surgical training and posts held with dates)

.....
.....
.....

6. Current Position

.....
.....

7. Publications (please list or attach list):

.....
.....
.....

8. Research Projects (please list or attach a list):

.....
.....
.....

9. Proposed Training

Subspecialty for Training:

The institution where you are interested in undertaking the training:

.....

Preferred Training Duration:months

Professional Plan after Completion of Training (may use separate paper):

.....
.....
.....

10. Note:

Please also submit an official letter of approval for overseas training from the applicant’s institute.

Applicant’s Declaration

I hereby declare that the information provided in this application is true and correct.

Signature:

Date:

For Official Use Only

Awarded a Fellowship for the year:

Signature:

Date:.....

Chairman,

Weary Dunlop – Boonpong Exchange Fellowship Program

The Royal College of Surgeons of Thailand