

Application Form (Please print)

The "Weary" Dunlop-Boonpong Exchange Fellowship Programme

Administered by the Royal Australasian College of Surgeons and the Royal College of Surgeons of Thailand

1. Surname:
First Name:
Name (in Thai):
2. Specialty:
3. Gender: male female
3. Address:
Home:
.....
Office:
.....
Tel.: Fax:
Mobile: Email:
4. Age: Date and Place of Birth:
5. Marital Status:
6. Number of Children:
7. Name and address of person to be notified in case of emergency (relationship)
.....
Tel./Mobile: Fax:
Name (in Thai):
8. Qualifications:
M.D. University: Year
Dip. Thai Board of Year
Year accepted as FRCST:
Other Degrees: 1. Year
2. Year
3. Year
9. Surgical training and posts held with dates:
.....
.....
.....

10. Present Post:

.....
.....

11. Publications (please list or attach list):

.....
.....

12. Research Projects (please list or attach list):

.....
.....

13. Subspecialty required for training:

.....
.....

14. Period of Training: months

15. Professional future plan after termination of training (may use separate paper):

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.....

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

Signature:

Date:

For official use:

Awarded the Fellowship for the year

Signature:

Date:

Chairman

“Weary” Dunlop-Boonpong Exchange Fellowship Programme

Royal College of Surgeons of Thailand