



## AO Alliance (AOA) ORP Fellowship Application Form

(only typewriting accepted)

**Current photo**

### Personal data

First name: \_\_\_\_\_

Family name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Nationality: \_\_\_\_\_

Marital status: \_\_\_\_\_

Male / Female: \_\_\_\_\_

Permanent address:

Phone No: \_\_\_\_\_

Fax No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Languages spoken: \_\_\_\_\_

### Employment

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone No: \_\_\_\_\_

Position held in the operating department: (brief job description)

Size of hospital: \_\_\_\_\_

No of beds: \_\_\_\_\_

No of surgical theatres (O.R.): \_\_\_\_\_

Head of department: \_\_\_\_\_

AO Alliance (AOA) / AO Foundation (AOF) affiliated surgeon:

**Professional training**

Medical school / Training school:

Duration:

Date of graduation:

Qualification obtained:

Special nursing training:

Duration:

Date of diploma:

**Post-graduate education—general surgery**

Where:

Duration:

Qualification:

**Professional experiences with AO SEC / AOA / AOF**

Experience in trauma/orthopedic surgery:

When did you attend an AO SEC / AOA / AOF event? (Please enclose copy of certificate)

Are you currently involved in AOA/ AOF teaching activities?

Please outline:

How do you see your role in future AOA activities?

**Fellowship period**

Duration of fellowship requested:

Desired month(s) of the year:



Additional remarks:

**Stipend**

A stipend will be granted by the AO Alliance (AOA) to the approved fellow as support on living expenses during fellowship period.

Signature of applicant:

Place and date:

**Please enclose:**

- Curriculum vitae
- Copy of medical school diploma
- Copy of AO SEC / AOA event Certificate
- 1 letter of recommendation from an active AOA / AO Member
- 1 letter of recommendation from the head of hospital of applicant

**Please return the completed application form to the AOA Fellowship Coordinator in your region.**