



Photograph



Application date: _____

**APPLICATION FORM FOR THE
ESSKA
EUROPEAN ARTHROSCOPY FELLOWSHIP**

(with the support of )

Name: _____ First Name: _____

Date of birth: _____ Place of birth: _____

Citizenship: _____

Office address: _____

Zip code: _____ City: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

Home address: _____

Zip code: _____ City: _____ Country: _____

Phone: _____ Fax: _____

E-Mail: _____

CURRICULUM VITAE

Graduate University: _____ Date: _____

Post –Graduate education (speciality, location, date):

- 1) _____

- 2) _____

- 3) _____

- 4) _____

- 5) _____

Academic title(s): _____

Special awards:

Present occupation: _____

Are you a member of ESSKA 2000:

YES

NO

Clinical research:

Basic research:

Titles of 2 lectures that you can present during the fellowship tour (approx. 20 min.):

1)

2)

Date:

Signature:

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INSTRUCTIONS:

- Applicants should be European orthopedic surgeons with at least 2 years of experience.
- Applicants must be under 40 years of age at the time of the application.
- Applicants should be able to provide 2-3 presentations in English, which will be presented during the fellowship tour.
- Applicants should provide a certificate of their employer allowing them to travel during the month of October 2010 during 3 weeks.
- Applicants should send their application as well as all required documents before the **20.05.2010** to:

ESSKA Executive Office Luxembourg
Centre Médical – Clinique d'Eich
c/o Ms. Brigitte Melchior-Dolenc
76, rue d'Eich
L-1460 Luxembourg

E-mail: dolenc.brigitte@chl.lu