



Application date: _____

**APPLICATION FORM FOR THE 2010
ESSKA KNEE ARTHROPLASTY FELLOWSHIP**

Generously supported by : 

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: YES NO:

Name and address of 2 sponsors:

- 1) _____

- 2) _____

Clinical research:

Basic research:

Titles of 3 lectures that you can present during the fellowship tour (approx. 20 min.):

- 1) _____

- 2) _____

- 3) _____

Date:

Signature:

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INSTRUCTIONS:

1. Applicants must hold a specialist certification issued by their national authorities.
2. Applicants must be under 40 years of age at the time of the application.
3. A passport photograph must be attached to the application.
4. Applicants must speak English fluently.
5. Applicants must hold citizenship of any European Country.
6. Applications must be received until **August, 1st 2010** at the address mentioned beneath.
7. Attach 2 letters of recommendation from 2 different sponsors to the present application: One should be the orthopaedist/trauma surgeon with whom you have done the majority of your residency or fellowship. The other should be an orthopaedist/trauma surgeon who is familiar with the applicant's work in the last 3 years.
8. DOCUMENTS TO PROVIDE:
 - List of all scientific presentations you have personally given at meetings during the last 3 years
 - List of all videotapes you have produced or co-produced
 - List of all poster presentations for which you have been an author or co-author during the last 3 years
 - List of all the papers you have published (except abstracts)
 - List of all the textbooks, or chapters in textbooks, you have written or edited (title, authors, publisher, year)
 - List of all manuscripts you have submitted for publication (title, date and journal)
 - Description of your current clinical and basic research (national and international:
9. Send your application and all further correspondence 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