

Research Fellowship Application

**Application Instructions:** mail to [fellowship@ihu-strasbourg.eu](mailto:fellowship@ihu-strasbourg.eu) with supporting documents

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| **APPLICANT INFORMATION** | | | | | | | | | | | |
| Last Name | | First name | | | | | | Date of Birth | | | Date of Application |
| Address | | | | City | | | Zip | | Country | | |
| Phone | | | E-mail Address | | | | | | | | |
| **EDUCATION :**  **☐ Surgeon ☐ Gastroenterologist ☐ Radiologist ☐ Engineer ☐ Other: …………………………………** | | | | | | | | | | | |
| **PRIMARY INTEREST: ☐ Surgical Research ☐ Innovation/medical technology development** | | | | | | | | | | | |
| University: | | | | | | | | | | | |
| Period: | Graduate: **☐** Y ☐ N | | | | Degree: | | | | | | |
| **POST GRADUATE TRAINING** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **CURRENT POSITION** | | | | | | | | | | | |
| Institution:  Location: | | | | | | | | Dates: | | | |
| MEDICAL LICENSURE if applicable | | | | | | | | | | | |
| Country/State: | | | | | Date Issued: | | | | | | |
| LANGUAGES | | | | | | | | | | | |
|  | | | | Read | | Spoken | | | | Written | |
| French | | | | **☐** | | **☐** | | | | **☐** | |
| English | | | | **☐** | | **☐** | | | | **☐** | |
| Other (please specify) | | | | **☐** | | **☐** | | | | **☐** | |

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| **RESEARCH** |
| **What specific area(s) do you wish to work with in Research?** (*Education, fundamental research, clinical research, medical devices, innovative image guided procedures, hybrid surgery, etc.) Please provide details.* |
| **What are the key questions you want to answer with your research project? Please detail your research plan**.  (*Background, aims, methods and potential impact of the research proposed)* |
| PROPOSED START DATE AND LENGTH OF FELLOWSHIP |
| **Duration:** 1 year 2 years  **DATES:** From …………… …….To …… ………………………………….. |
| FUNDING |
| **Is partial or full funding available to you in support of a Fellowship appointment?  Yes  No**  If yes, please indicate amount and source: |