November 2023

**Foulkes Foundation Fellowship -- Application Form 2024**

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| 1. **Personal details** | | | |
| **Family Name** |  | **First Name** |  |
| **Date of birth** |  | **Gender** |  |
| **Address** |  | | |
| **Tel. No. (Home)** |  | **Mobile No.** |  |
| **E-mail** |  | | |

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| 1. **MD studies** | |
| **Medical School Name** |  |
| **Planned date to complete MD** |  |

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| 1. **PhD program** | |
| **Institute Name** |  |
| **Planned date to complete PhD** |  |
| **Title of PhD Thesis:** |  |
| **Supervisor:** |  |
| **Supervisor:** |  |

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| 1. **Your current status** | |
| **Year in MD studies** |  |
| **Year in PhD studies** |  |
| **How many years remaining to finish MD/PhD? (1-3)** |  |

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| 1. **Academic degrees** | | |
| **University** | **Year** | **Degree** |
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| 1. **Professional experience (employment, research, etc.)** | **Year** |
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| 1. **Publications:**   (Mark your name in bold. In case of a manuscript that is still not published please note the status at the end of the line, e.g. Submitted, Under revision, Accepted, etc.) | |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

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| 1. **Recommendations** (One from your PhD supervisor). | | | |
| **Name** | | **Position** | **Relationship to you** |
| **1.** |  |  |  |
| **2.** |  |  |  |

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| **Signature** |  | **Date** |
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