

# Fellowship application form

## 1: Personal information

### Personal information

Gender	<input type="text"/>	Place of birth	<input type="text"/>
Family name	<input type="text"/>	Country of employment	<input type="text"/>
First name	<input type="text"/>	Nationalities	<input type="text"/>
Date of birth	<input type="text"/>		

### Contact details

Street address	<input type="text"/>	Telephone	<input type="text"/>
Postcode/zip code	<input type="text"/>	Mobile	<input type="text"/>
City	<input type="text"/>	E-mail address 1	<input type="text"/>
Country	<input type="text"/>	E-mail address 2	<input type="text"/>
State/region	<input type="text"/>		

### AO CMF membership

Have you previously completed an AO Fellowship?	<input type="text"/>	Have you attended an AO CMF online educational event in the past two years?	<input type="text"/>
Year	<input type="text"/>	1. Event Name	<input type="text"/>
Have you previously applied for an AO Fellowship?	<input type="text"/>	1. Year of Event	<input type="text"/>
Year	<input type="text"/>	2. Event Name	<input type="text"/>
Have you attended an AO CMF Management of Facial Trauma Course?	<input type="text"/>	2. Year of Event	<input type="text"/>
Location	<input type="text"/>	3. Event Name	<input type="text"/>
Year of course	<input type="text"/>	3. Year of Event	<input type="text"/>
Have you attended an AO CMF advanced course?	<input type="text"/>	4. Event Name	<input type="text"/>
Location	<input type="text"/>	4. Year of Event	<input type="text"/>
Year of course	<input type="text"/>	5. Event Name	<input type="text"/>
		5. Year of Event	<input type="text"/>

### Languages

Native language	<input type="text"/>	2. Additional language	<input type="text"/>
English		written*	<input type="text"/>
written*	<input type="text"/>	spoken*	<input type="text"/>
spoken*	<input type="text"/>	3. Additional language	<input type="text"/>
1. Additional language	<input type="text"/>	written*	<input type="text"/>
written*	<input type="text"/>	spoken*	<input type="text"/>
spoken*	<input type="text"/>		

\*Level of proficiency  
1 equaling basic - 5 equaling proficient

2: Employment information

**Employment information**

Current position

Name of hospital

Teaching hospital?

Street address

Postcode/zip code

City

Country

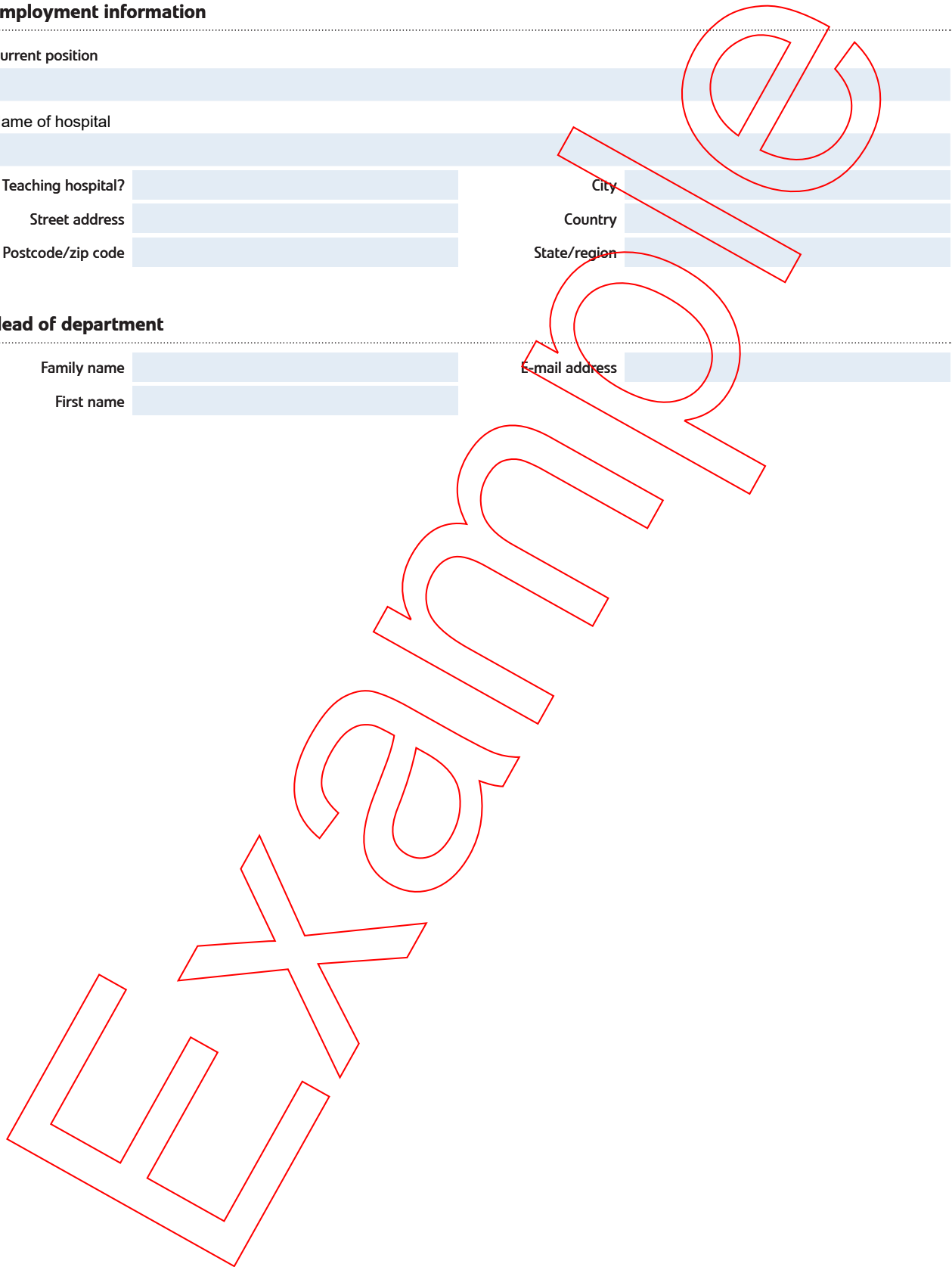
State/region

**Head of department**

Family name

First name

E-mail address



3: Education

**Education**

Dental school

City  Year of graduation   
Country

Medical school

City  Year of graduation   
Country

**Residency**

Have you completed your residency?

Residency hospital

Year of residency

If no, which year are you in

City

Country

**Awarding board and certification**

Are you a board-certified surgeon?

Board qualification

**Post-residency training**

Specialized experience

4: Fellowship

**In which areas are you particularly interested?**

First Choice

Other

Second Choice

Other

Third Choice

Other

**Fellowship center**

1. Region

1. Host center

2. Region

2. Host center

1. Country

2. Country

**Fellowship duration**

How many weeks would you like to spend on your fellowship?

**Time period**

1. Beginning in

2. Beginning in

1. Ending in

2. Ending in

**Learning objectives**

Please state two learning outcomes that you could work toward during the fellowship.

What are your future professional intentions?

Additional remarks.

**5: Skills, talents, and interests**

**Research**

How interested are you in research?\*

How active are you in research?\*

How many preclinical articles (related to your specialty) do you read per week?

How many clinical scientific articles (related to your specialty) do you read per week?

How many pre-clinical published papers have you authored?

How many clinical published papers have you authored?

\*1 equals little interest / 5 equals high interest

**Communication**

How comfortable do you feel speaking in front of a live audience?\*

How comfortable would you feel moderating a discussion or expert panel?

\*1 equals not comfortable at all / 5 equals very comfortable

**On-site, face-to-face education**

How eager are you to convey knowledge to your peers?\*

\*1 equals not eager / 5 equals very eager

**Online education**

How comfortable are you with using a webcam to share your knowledge?\*

\*1 equals not comfortable at all / 5 equals very comfortable

**Mentor**

How experienced are you as a mentor?\*

\*1 equals inexperienced / 5 equals very experienced

**Digital literacy**

How digitally literate are you?\*

\*1 equals able use Microsoft Word/Excel  
3 equals ability to use/manage digital databases  
5 equals able to program independently using HTML, Javascript, etc

**Social media**

How much do you contribute on social media platforms (LinkedIn, Facebook, Instagram, etc)?

\*1 equals not at all  
3 equals one account and at least weekly posting  
5 equals more than one account and multiple posts weekly

**Fellowship community**

If approved, I want to include my personal data in the fellowship community (yearbook).