

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 Trauma membership

Have you previously completed an AO Fellowship?	<input type="text"/>	Have you attended any AO Trauma online educational event in the past 2 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 Trauma Basic Principles 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 Trauma Advanced Principles 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	<input type="text"/>	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

[Text input field]

Name of hospital

[Text input field]

Teaching hospital?

[Text input field]

City

[Text input field]

Street address

[Text input field]

Country

[Text input field]

Postcode/zip code

[Text input field]

State/region

[Text input field]

Head of department

Family name

[Text input field]

E-mail address

[Text input field]

First name

[Text input field]

3: Education

Education

Medical school

[Text input field]

City

[Text input field]

Year of graduation

[Text input field]

Country

[Text input field]

Residency

Have you completed your residency?

[Text input field]

Residency hospital

[Text input field]

Year of residency

[Text input field]

If no, which year are you in

[Text input field]

City

[Text input field]

Country

[Text input field]

Awarding board and certification

Are you a board-certified surgeon?

[Text input field]

Board qualification

[Text input field]

Post-residency training

Specialized experience

[Text input field]

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 speciality) do you read per week?

How many clinical scientific articles (related to your speciality) 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).