

For HSE Use Only  
HSE Ref.  
DRS/20/

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# Dr. Richard Steevens' Scholarship 2020

## Applicants' Coversheet

1	First Name:	<input type="text"/>
2	Middle Name(s):	<input type="text"/>
3	Last Name:	<input type="text"/>
4	Training Body	<input type="text"/>
5	Specialty	<input type="text"/>
6	Sub-Specialty (if appropriate)	<input type="text"/>
7	Title of proposed training fellowship	<input type="text"/>
8	Location of proposed training fellowship	<input type="text"/>
9	Name of clinical supervisor for proposed training fellowship	<input type="text"/>
10	Period of proposed fellowship (minimum 3 months, maximum 12 months)	<input type="text"/>
11	Date of commencement of proposed fellowship	<input type="text"/>
12	Current year of specialist training programme at time of application	<input type="text"/>
13	Expected period of training still to be completed as at July 2019 before award of CSCST	<input type="text"/>
14	Duration of Flexible Training (if any) (From – to)	<input type="text"/>
15	Is any funding already available for the proposed fellowship? (e.g. from host institution or other source)	<input type="text"/>

16 If "yes" at Q. 15, specify the amount available

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17 Date of Birth (DD-MM-YYYY):

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18 Gender:

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19 Nationality:

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20 Country/ies of which you are a citizen:

(i)

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(ii)

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(iii)

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22 Postal Address:

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21 E-mail Address:

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22 Home Telephone Number (optional):

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23 Mobile Telephone Number (mandatory):

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24 Medical Council Registration Number

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25 Current Training Post Number

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26 Expected point on SpR/SR Salary scale as at July 2020

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27 Contact details for Host Institution:

Name of proposed clinical supervisor:

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E-mail address of clinical supervisor:

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Telephone number of clinical supervisor:

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