**Global Eye Health & Clinical Fellowship Programme**

**Application Form**

**Due Monday 3 July 2023 @ 12:00pm (BST)**

**Section 1. Your details (type response in the box provided)**

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| First names: |  |
| Last name: |  |
| Gender: |  |
| Date of birth: | (date/month/year) |
| Nationality: |  |
| Qualifications with dates: |  |
| Postal Address: |  |
| Email: |  |
| Mobile telephone no(Whatsapp Number): |  |
| Languages spoken: |  |

**Section 2. Your institution (type response in the box provided)**

|  |  |
| --- | --- |
| Institution name:  |  |
| Institution type:  | Please select **one** of the options below:* Government hospital
* University hospital
* NGO unit
* Private Hospital
 |
| Your position: |  |
| Public Health experience: |  |
| Links with FHF supported programmes: |  |
| Name and email address of head of ophthalmology department: |  |
| Name and email address of the hospital executive director: |  |

**Section 3. The intended outcomes of your fellowship**

1. Why do you want to undertake this fellowship? Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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2. What knowledge and skills do you want to learn? Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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3. What do you want to be able to do with what you learn from the clinical training component? Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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4. How would you use the public health component of the training – what would this potentially enable you to do? Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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5. How would your fellowship further the aims of the National Prevention of Blindness Plan of your country? Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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6. How will you use this training to enhance eye care education in your country?

Please type your answer in the box below, expand box as necessary. (Max 500 Words)

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**Section 4. Recommendation by your current Head of Department**

Please attach a recommendation for the fellowship by your current Head of Department (max 350 words) including these points to be addressed:

1. Suitability of the candidate for a Global Eye Health & Clinical Fellowship
2. The potential benefit of the Fellowship to the candidate and their home institution
3. Ability of the candidate to communicate effectively
4. The number of surgeries performed by the candidate in the previous 12 months
5. The candidate’s role in training others (if applicable)
6. The commitment of the unit to support the candidate on their return
7. The role/ participation of the candidate in eye health research

**Section 5. Recommendation by your Hospital Director**

Please attach a signed letter of support from your Hospital Director that on your return you will be resourced (position, facilities and equipment) to be able to develop your clinical specialty.

**Section 6. Your CV**

Please attach a copy of your CV and ensure it includes the following:

* Date of appointment to current post
* Expected date of termination of current post
* Details of previous posts held, including dates
* Details of higher education and training, including dates, qualifications and prizes (if applicable)

**Please send your completed application form and supporting documents to** **romulo.fabunan@lshtm.ac.uk** **– by Monday 3 July 2023 @ 12:00pm (BST)**

