



BRITISH CONGENITAL CARDIAC ASSOCIATION

The Children's Heart Disease Trust

Application Form

**SPONSORSHIP SCHEME FOR OVERSEAS CARDIOLOGISTS
AND CARDIAC SURGEONS**

APPLICANT INFORMATION

Title:

Last Name:

First Name:

Address:

Phone:

E-mail:

Date of Birth:

Country of Birth:

Gender:

Current Employer

Current Job Title

Date of Appointment to current Post

Paediatric Cardiology/ cardiac surgery, sub-speciality interest if any

Name of Head of department or institution

EDUCATION

Your qualifications

EMPLOYMENT HISTORY

Your past employments

REFERENCES

You must provide two references with your application. One of these must be from your head of department or your supervisor at your current place of work. The 2nd reference should be from your sponsor in the UK.

Full Name

Institution

Address

E-mail

Full Name

Institution

Address

E-mail

SUPPORTING STATEMENT

Please write a supporting statement covering the following points.

1. The potential benefits of the visit to your personal and professional development
2. The benefits of the visit to your patients in your home country

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO
bcca@bcs.com