BAPRAS x APSI Fellowship 2025

Please check mark and insert numbers into the relevant boxes, please make sure all the details are complete**.**

|  |  |
| --- | --- |
| **First Name:** |  |
| **Last Name:** |  |
| **Email address:** |  |

**Why do you want to undertake this Fellowship?** please provide us with a brief explanation

**Year of Training**

ST3

ST4

ST5

ST6

ST7

ST8

**Completed Exit Examination?**

Yes

No

**Involvement with publications relevant to H&N/trauma/lower limb/burns**

(Insert number)

1st Author

2nd Author

Any other author positions

**Presentations given relevant to** **H&N/trauma/lower limb/burns**

(Insert number)

Local

Regional

National

International

**Posters presented relevant to** **H&N/trauma/lower limb/burns**

(Insert number)

Local

Regional

National

International

**Audit undertaken relevant to** **H&N/trauma/lower limb/burns** (Insert number)

Completed 1 cycle

Re-do cycle

**Courses attended** (Insert number):

**Flap course relevant to** **H&N/Trauma/Lower Limb**

**Communication skills course**

**Leadership course**

**Research relevant to H&N/trauma/lower limb/burns**

(Check box- mark all that apply)

BSc

MSc

M.Phil / MD

PhD

**Microsurgery Free Flaps assisted and/or operated with supervision.**

(check box)

0-10 flaps

11-20 flaps

21-30 flaps

31-40 flaps

41-50 flaps

51-60 flaps

61-70 flaps

71-80 flaps

81-90 flaps

91-100 flaps

100 + flaps

**Please describe previous overseas experience in LMIC** (medical student to current)

**Please describe previous relevant fellowships undertaken in H&N/trauma/lower limb/burns**