January 2025

**Foulkes Foundation Fellowship - Application Form 2025**

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| 1. **Personal details**
 |
| **Family Name** |  | **First Name** |  |
| **Date of birth** |  | **Gender** |  |
| **Address**  |  |
| **Tel. No. (Home)** |  | **Mobile No.** |  |
| **E-mail** |  |

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| 1. **MD studies**
 |
| **Medical School Name** |  |
| **Planned date to complete MD**  |  |

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| 1. **PhD program**
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| **Institute Name** |  |
| **Planned date to complete PhD**  |  |
| **Title of PhD Thesis:** |  |
| **Supervisor:** |  |
| **Supervisor:** |  |

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| 1. **Your current status**
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| **Year in MD studies** |  |
| **Year in PhD studies** |  |
| **How many years remaining to finish MD/PhD? (1-3)** |  |

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| 1. **Academic degrees**
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| **University** | **Year** | **Degree** |
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| 1. **Professional experience (employment, research, etc.)**
 | **Year** |
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| 1. **Publications:**

(Mark your name in bold. In case of a manuscript that is still not published please note the status at the end of the line, e.g. Submitted, Under revision, Accepted, etc.)  |
| **1.** |  |
| **2.** |  |
| **3.** |  |
| **4.** |  |

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| 1. **Recommendations** (One from your PhD supervisor).
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| **Name** | **Position** | **Relationship to you** |
| **1.** |  |  |  |
| **2.** |  |  |  |

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| **Signature** |  | **Date** |
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