



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

For HSE Use Only		
HSE Ref.		
DRS/17/		

Dr. Richard Steevens' Scholarship 2017

Applicants' Coversheet

1	First Name:	
2	Middle Name(s):	
3	Last Name:	
4	Training Body	
5	Specialty	
6	Sub-Specialty (if appropriate)	
7	Title of proposed training fellowship	
8	Location of proposed training fellowship	
9	Name of clinical supervisor for proposed training fellowship	
10	Period of proposed fellowship (minimum 3 months, maximum 12 months)	
11	Date of commencement of proposed fellowship	
12	Current year of specialist training programme at time of application	
13	Expected period of training still to be completed as at July 2017 before award of CSCST	
14	Duration of Flexible Training (if any) (From – to)	
15	Is any funding already available for the proposed fellowship? (e.g. from host institution or other source)	

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 2017

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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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