



IBRA Scholarship Program Application

For IBRA
use only

Project No. _____

Date received _____

Program C

Clinical and scientific residential stay at a foreign host institution

Personal Data

Titel	_____
Family name	_____
First name	_____
Date of birth	_____
Gender	<input type="radio"/> female <input type="radio"/> male
Nationality	_____

Private Address

Street	_____
City / Postal Code	_____
State	_____
Country	_____
Phone	_____
Fax	_____
Email	_____

Academic Qualifications

Current academic and professional position	_____
Resident in Training	<input type="radio"/> yes <input type="radio"/> no
In PhD Program	<input type="radio"/> yes <input type="radio"/> no

Office Address

Department	_____
University	_____
Head of Department	_____
Street	_____
Country	_____
State	_____
City / Postal Code	_____
Phone	_____
Fax	_____
Email	_____

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Professional Experience

<input type="checkbox"/> Head	
<input type="checkbox"/> Plastic / CMF	Years
<input type="checkbox"/> Neuro / Head	Years
<input type="checkbox"/> Trauma Surgery	Years
<input type="checkbox"/> ENT	Years
<input type="checkbox"/> CMF / Anatomy	Years
<input type="checkbox"/> CMF / Pediatric	Years
<input type="checkbox"/> Research	Years
<input type="checkbox"/> Others:	

<input type="checkbox"/> Limbs	
<input type="checkbox"/> Plastic / Hand	Years
<input type="checkbox"/> Orthopedic / Surgery	Years
<input type="checkbox"/> Trauma Surgery	Years
<input type="checkbox"/> Research	Years
<input type="checkbox"/> Others:	

Address of Training Centre (Only IBRA Training Centres)

Department	
University	
Head of Department	
Street	
Country	
State	
City / Postal Code	
Phone	
Fax	
Email	

Fellowship Objectives

Which fields are you particularly interested in? | General Trauma Hand Limbs Craniomaxillofacial

Duration of fellowship requested: from _____ to _____ (total _____ weeks)

Aim of clinical training, desired time (i.e. spring or autumn), year, place, etc. | _____

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Expectations and Objectives

<input type="checkbox"/> Head
<input type="checkbox"/> Trauma
<input type="checkbox"/> Reconstruction
<input type="checkbox"/> Orbita Surgery
<input type="checkbox"/> Dysgnathic Surgery
<input type="checkbox"/> Others

<input type="checkbox"/> Limbs
<input type="checkbox"/> Hand <input type="checkbox"/> Wrist <input type="checkbox"/> Ellbow <input type="checkbox"/> Shoulder
<input type="checkbox"/> Trauma
<input type="checkbox"/> Reconstruction
<input type="checkbox"/> Corrections
<input type="checkbox"/> Others

Required Supplements (must be submitted in english)

<input type="radio"/> 1. Working plan / description of the project
<input type="radio"/> 2. Abstract
<input type="radio"/> 3. Curriculum vitae
<input type="radio"/> 4. List of publications of the applicant
<input type="radio"/> 5. Acknowledgement of host institution (indication of scholarship date is required)
<input type="radio"/> 6. Letter of recommendation
<input type="radio"/> 7. Aspects for the future
<input type="radio"/> 8. Copies of diploma

I hereby certify that the content of all statements concerning this application, including abstract, are true.
I agree with my signature to accept the conditions that are prerequisite to obtaining scholarship support from the IBRA Foundation.

Signature

Date

Place

Guidelines and Conditions for IBRA Scholarship Program Application - Program C

The application must be submitted in english on this supplied form.

The supplements should contain:

1. Working plan / description of the project
(maximum 5 pages)
Content: outline the problem, state of the art in this field, past research of the applicant in this field, hypothesis, aim of the study, detailed research plan, time schedule, relevant literature)
2. Abstract
(maximum 250 characters)
3. Curriculum vitae
4. List of publications of the applicant
Publication list must be structured by:
 - A. Original articles
 - B. Case reports / technical notes
 - C. Book chapters / proceedings, others (incl. monography)
 - D. Abstracts
5. Acknowledgement of host institution (training center)
6. References
7. Aspects for the future
8. Copies of diploma

Decisions will be communicated within six months after submission for Scholarship C.
No reasons will be given for rejection of the application.

The applicant is free to publish his/her results.

It is the responsibility of the applicant(s) to ensure that all pertinent government and local hospital rules, including approval by the ethics committee, are complied with, if applicable. For animal experiments, the approval of the authorities must be granted, and the experiments should be performed according to the International Standard Organization documented ISO 10993-2. Insurance is the responsibility of the applicant(s).

Please send the completed and signed application by mail to:

IBRA Administration Office
Education / Scholarship
Hochbergerstrasse 60E
CH-4057 Basel
Switzerland

For assistance or additional information please feel free to contact us at:

info@ibra.ch