



# IBRA Scholarship Program Application

For IBRA  
use only

Project No. \_\_\_\_\_

Date received \_\_\_\_\_

## Program B | Clinical and scientific residential stay at a foreign host institution

This application form is prepared as a fill-in document. Please type directly on this PDF file.

Note: The full version of Adobe Acrobat version 5 or higher is required to save your input.

Only electronically filled out application forms will be accepted. No handwritten responses will be accepted.

### 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		_____

# IBRA Scholarship Program Application

Program B | Clinical residential visit to a foreign host institution

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## 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  Spine  Craniomaxillofacial

Duration of fellowship requested |  4 weeks  6 weeks  8 weeks  10 weeks  12 weeks  24 weeks

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

## Required Supplements (must be submitted in english)

- 1. Curriculum vitae
- 2. List of publications of the applicant
- 3. Acknowledgement of guest institution (indication of scholarship date is required)
- 4. Letter of recommendation
- 5. 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
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## Guidelines and Conditions for IBRA Scholarship Program Application - Program B

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

The supplements should contain:

1. Curriculum vitae
2. 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
3. Acknowledgement of guest institution
4. Letter of recommendation
5. Copies of diploma

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

Payment will follow at earliest six months after approval by the committee.

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](mailto:info@ibra.ch)