



**Fellowship of the Asian and Australasian
Regional Section- WFSA - Xijing Training
Center**



西京医院
XIJING HOSPITAL

Fellowship in Anaesthesiology Application

Form

Please use a computer to type answers, if possible. Use as much space as necessary within each box. If writing, please use CAPITAL letters.

1a. First (given) name:	1b. Last (family) name:
2. Age: (Birthdate after 31/12/1978)	3. Gender Male / Female
4. Telephone numbers: <i>Give country code / number</i> Mobile: Work: Home:	5. Email:
	6. Fax: <i>Give country code / number</i>
	7. Nationality:
8. Current job title:	
9. Hospital / institution where you work: <i>Please include address</i>	

10. Mailing address:

11. Basic medical training:

Name of medical school / Name of degree / Number of years of training / Year of completion

12. Anaesthetic training:

Name of programme or institution / Name of qualification / Number of years of training / Year of completion

13. Additional training:

Have you had any additional subspecialty training? If yes, please give details.

14. Please describe your current workplace, including patient numbers, staffing and resources.

15. What do you hope to learn or achieve during the fellowship?

16. How will the fellowship help your hospital and patients?

17. Have you received funding (or a scholarship) from the WFSA in the past?

18. Do you have any medical problems? *If yes, please give details.*

19. Supporting documents: *Please send the following:*

- Curriculum vitae with one recent photo and the names of two referees
- Reference letter from the applicant's member society
- Reference letter from the applicant's chief/head of department
- Scanned copy of your medical degree
- Scanned copy of your medical licence