

SOUTH AFRICAN ORTHOPAEDIC ASSOCIATION

Incorporated Association not for gain Reg. No. 05/00136/08



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RETURN APPLICATION TO:

Chief Executive Officer
South African Orthopaedic Association
PO Box 12918
BRANDHOF
9324

APPLICATION FOR SAOA TRAVEL GRANT

Affix photograph here

NAME:

BIRTHDATE:	PLACE OF BIRTH:
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ADDRESS: Work	RESIDENCE:

TEL NO:	TEL NO:
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A. STATE THE PURPOSE OF YOUR INTENDED VISIT:

B. STATE ANY OTHER FINANCIAL ASSISTANCE RECEIVED OR TO BE RECEIVED FOR THIS VISIT.

C. HOW DO YOU PROPOSE TO PASS ON YOUR NEWLY ACQUIRED SKILLS AND KNOWLEDGE?

E. NAME AND ADDRESS OF SPONSORS:

1.
2.

F. WHAT ARE YOUR SPECIAL INTERESTS IN ORTHOPAEDICS?

G. DESCRIBE BRIEFLY YOUR FUTURE CAREER PLANS.

H. EDUCATION

UNIVERSITY:

DATE OF GRADUATION:

POST GRADUATE DEGREES, FELLOWSHIPS, DIPLOMAS HELD:

I. BRIEF CHRONOLOGICAL REVIEW OF ACTIVITIES FROM GRADUATION TO PRESENT TIME:

J. PRESENT APPOINTMENTS AND DUTIES:

K. PROFESSIONAL COMMITTEE APPOINTMENTS AND DUTIES:

L. PRIZES AND AWARDS:

M. LIST PROFESSIONAL MEDICAL ORGANISATIONS OF WHICH YOU ARE A MEMBER, PLEASE INDICATE IF YOU ARE ON ANY COMMITTEE OF THESE ORGANISATIONS:

N. COMPLETE YOUR CURRICULUM VITAE ON A SEPARATE ATTACHMENT UNDER THE FOLLOWING HEADINGS. IF YOU HAVE NO CONTRIBUTIONS UNDER A HEADING PLEASE INSERT THE WORD NONE.

1. List all **SCIENTIFIC PUBLICATIONS** with or without co-authors, by title, authors, journal and page number.
2. List **MANUSCRIPTS** submitted for publication by title and journal.
3. List **SCIENTIFIC PRESENTATIONS** to national or international meetings (include title, meeting place and date.)
4. List **SCIENTIFIC PRESENTATIONS** to local or regional meetings (include title, meeting, place and date).
5. List any scientific video tapes, sound slide programmes, films or exhibits which you have made or help make. Where were they shown?
6. List **RESEARCH PROJECTS** in which you have participated.
7. List any National or Regional congresses or post graduate courses you have organised or help organise.

O. IN THE EVENT OF MY BEING AWARDED AN SAOA TRAVEL GRANT, I INTEND TO RETURN AND REMAIN IN THE REPUBLIC OF SOUTH AFRICA FOR A MINIMUM OF TWO (2) YEARS AFTERWARDS.

SIGNATURE:
PLACE:
DATE:

CLOSING DATE JUNE 2008