

SATS SENIOR TRAVELLING FELLOWSHIP APPLICATION FORM

THIS APPLICATION MUST BE TYPED CLEARLY

INSTITUTION:
FULL NAME OF APPLICANT:
PERMANENT ADDRESS:
TELEPHONE HOME: TELEPHONE WORK:
FAX : EMAIL:
DATE OF BIRTH:
CITIZENSHIP:
PRESENT PROFESSIONAL STATUS:
DEPARTMENT IN WHICH EMPLOYED:
DO YOU OCCUPY THE POST ON A PART- OR FULL-TIME BASIS:

DEGREES, ETC.	FIELD OF STUDY	UNIVERSITY	YEAR	DISTINCTION

EXPERIENCE TO DATE

NAME OF EMPLOYER/ INSTITUTION	CAPACITY AND TYPE OF WORK	PERIOD

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NAME & ADDRESS OF PERSONS FROM WHOM REFERENCES MAY BE ASKED:

THE FOLLOWING DOCUMENTS MUST ACCOMPANY THIS APPLICATION:

- 1. Full CURRICULUM VITAE
- 2. A motivation for why the applicant would like to receive training and his/her future plans.

I certify that the above information is correct and that I am a paid-up member of SATS.

DATE

SIGNATURE OF APPLICANT _____