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| **UICC BIOGRAPHICAL SKETCH**Please include all information requested |
| **Virtual Fellowships Application Form****Personal Information** |
| NAME (FIRST NAME, FAMILY NAME) | UICC MEMBER ORGANISATION NAME, ADDRESS AND COUNTRY\* |
| EMAIL ADDRESS |

\*Applicants must be employed by a UICC member organisation

**Title of Virtual Fellowship:**

**Personal statement and motivation**

Briefly summarise your background and current day-to-day professional activities. Explain your motivation for applying for a Virtual Fellowship.

**Specific topic and key learning needs** (The topic for the Virtual Fellowship must be suited to and achievable within the virtual format. If this is not the case, for example, if the topic requires in-person training, the applicant will be advised to apply for a Technical Fellowship).

Outline your general area of interest in cancer control and the specific topics and issues you would like to cover during the Virtual Fellowship, specifying how it will benefit the UICC member organisation to which you are affiliated. Provide three examples of the types of questions you would like to ask.

**Suggested experts and expertise**

Please list the names and contact details of any experts, who would be able to provide the necessary support and advice.

If you are not aware of any individual who could provide the necessary support, please include a short description of the type of expertise you would like the expert to have.

**Expected impact**

Describe the anticipated impact that this learning opportunity would have on you and your current work situation.

Describe the potential longer-term impact that the learning obtained could have, for example, on cancer control, cancer services, patients etc.

Professional Positions

List in chronological order [MM/YY], your professional positions concluding with the present position. Applicants should have at least five years working experience in cancer control.

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| POSITION | NAME OF INSTITUTION/ORGANISATION AND LOCATION | MM/YY TO MM/YY |
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**Education**

EDUCATION/TRAINING *(Only include any education or training received after high school. Mention any qualifications obtained, the month and year they were awarded, and the topics covered)*

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| INSTITUTION AND LOCATION | Qualification*(if applicable,eg BSc, MSc, MD)* | MM/YY | FIELD OF STUDY |
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**Letter of Endorsement:** Please provide a signed letter of recommendation/endorsement from your line manager/superior.