Part B

# Application for a joint RCS/NJR Surgical Research Fellowship

Confidential Report from present Head of Department

**Applicant’s Name:**

**Head of Department:** The above named applicant has applied for an RCS Surgical Research Fellowship, would you please complete and return, in confidence, by the closing date to either the applicant or research@rcseng.ac.uk

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| 1. Candidate’s scientific ability and suitability for a Fellowship, the primary purpose of which is to provide support for a period of research training.
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| 1. Is this an original research project? Will it take place at an appropriate centre?
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| 1. Name:

 (Head of Department) | Title: |
|  Signature:  (Head of Department)  | Date:  |
| Address of department:  |  |
| Telephone number:  |  |