Part B

Application for a joint NJR/ORUK/RCS England 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 fellowshipapplication@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: |  |