**FIGO Fistula Surgery Training Initiative**

**CV/Application Form**

Thank you for your interest in the FIGO Fistula Surgery Training initiative. Please read the *FIGO Fistula Fellow Selection Criteria* on our webpage - [www.figo.org/fistula-surgery-training-initiative](http://www.figo.org/fistula-surgery-training-initiative) - before applying. To apply for the programme please complete the CV/Application Form below and return it to the FIGO Fistula Team at [fistula@figo.org](mailto:fistula@figo.org). If you have any questions about the Initiative or the Application Form, please do not hesitate to contact us.

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| **Date** |  |

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| **Personal details** | |
| First name |  |
| Surname |  |
| Nationality (as stated on passport) |  |
| Current postal address (including country) |  |
| Phone number (including country code) |  |
| Email address |  |

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| **Educational background** |
| Please list all your relevant qualifications and training, starting with the most recent (please include the name of the institution, the country, and dates attended) |
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| **Work experience** | |
| Profession |  |
| Present professional title |  |
| Name and address of present health facility (including country) |  |
| Are you currently in full-time clinical work and, if so, does this involve surgical activities? Please describe. | |
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| Do you currently do any other work outside your own facility? If so, please give the name and country of the institution(s) and describe the work you do. | |
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| Please list all your relevant past work experience, starting with the most recent (please include the name of the institution, the country, and dates of service). | |
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| **Work experience specifically relating to fistula** | |
| Please describe the fistula activities in your current health facility and how treatment is organised (including patient recruitment, routine operations or camps, number of repairs done per year, non-surgical services for patients, follow-up etc.) | |
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| How many beds are dedicated to fistula patients in your facility? | |
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| What is your involvement in the fistula treatment work in your current health facility? | |
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| Apart from yourself, are there other surgeons in your facility doing fistula repairs? If so, please outline the levels of seniority and how the work is shared between you. | |
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| In your facility, who pays for fistula patients (e.g. type of organisation and full name): | |
| 1. Transport to the facility? |  |
| 1. Treatment costs? |  |
| 1. Food? |  |
| How many surgical fistula repairs have you assisted? |  |
| How many surgical fistula repairs have you done independently? |  |
| Once you have successfully undergone FIGO’s initial six-week training placement, how many fistula repairs per month will you realistically be able to provide? Please be honest in your answer. |  |
| Do you do any fistula treatment work outside your own facility (e.g. in other facilities or with other organisations)? If yes, please describe this work. | |
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| **Skills and other experience** | |
| Languages |  |
| Computer skills |  |
| Relevant conferences attended | |
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| Relevant presentations | |
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| Relevant research/publications | |
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| Associations/societies, e.g. national society of obstetricians and gynaecologists, ISOFS | |
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| **Statement of interest** |
| In no more than 300 words, please outline your motivations for applying to become a FIGO Fellow. Describe how your experience makes you a suitable candidate and, if offered a place on the Training Programme, how this opportunity will help you to treat more women with obstetric fistula in the future. |
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| **Sponsorship** |
| Do you already have an identified sponsor or funding agency who has agreed to pay your training and associated costs on the FIGO Training Initiative? If you do not have a sponsor or supporting funding agency, please include this information – this will not count against applicants. |
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| **References** | |
| Please list 3 referees who can comment on your work, and on your commitment to helping women with obstetric fistula, including: | |
| 1. Your current employer |  |
| 1. Ministry of Health representative |  |
| 1. Fistula surgeon |  |

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| **Additional information** |
| How did you hear about the FIGO Fistula Surgery Training Initiative? |
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| Is there any additional information you would like to add to your application? |
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