

General and Bariatric Surgery
Dr. Bruno Dillemans
AZ Sint-Jan Brugge-Oostende AV
Campus Brugge
Ruddershove 10
8000 BRUGGE

BELGIUM

APPLICATION FORM FELLOWSHIP

Please complete en submit this pre-application form for the laparoscopic bariatric surgery program.

GENERAL INFORMATION

Family name		
First and middle names		
Permanent address		Please attach photo here
Telephone		
e-mail		
Nationality		
Date of birth		
Country and place of birth		

Sex	
Marital status	

EDUCATION

--

PROFESSIONAL ACTIVITIES

Present:

Previous:

LANGUAGES

Mother tongue:

Other Languages	Read	Understand	Speak	Write
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

RECENT PUBLICATIONS

PROCEDURES

How many laparoscopic procedures have you done:

Please list all laparoscopic procedures:

What do you hope to gain from this program?

Length of program:

Observership 2- 3 weeks

Fellowship max. 3 months

When would you like to start the fellowship?

How did you hear about this program?