



BRITISH CONGENITAL CARDIAC ASSOCIATION

**The Children's Heart Disease Trust**

**Application Form**

**SPONSORSHIP SCHEME FOR OVERSEAS CARDIOLOGISTS  
AND CARDIAC SURGEONS**

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**APPLICANT INFORMATION**

Title:

Last Name:

First Name:

Address:

Phone:

E-mail:

Date of Birth:

Country of Birth:

Gender:

Current Employer

**Current Job Title**

Date of Appointment to current Post

Paediatric Cardiology/ cardiac surgery, sub-speciality interest if any

Name of Head of department or institution

## **EDUCATION**

Your qualifications

## **EMPLOYMENT HISTORY**

Your past employments

## **REFERENCES**

You must provide two references with your application. One of these must be from your head of department or your supervisor at your current place of work. The 2<sup>nd</sup> reference should be from your sponsor in the UK.

Full Name

Institution

Address

E-mail

Full Name

Institution

Address

E-mail

### **SUPPORTING STATEMENT**

Please write a supporting statement covering the following points.

1. The potential benefits of the visit to your personal and professional development
2. The benefits of the visit to your patients in your home country

**PLEASE SUBMIT YOUR COMPLETED APPLICATION TO**  
**[bcca@bcs.com](mailto:bcca@bcs.com)**