# The Royal College of Physicians (RCP) The College of Physicians of Malaysia (COPM) Malaysian Advanced Acute Internal Medicine and Ultrasound Society (MAAIMUS)

# The RCP-COPM Tuanku Nazrin Travelling Fellowship

Personal Details		
Name:		
E-mail:	Tel No:	
Address:		

### **Professional Details**

Career stage: Current job title: Hospital Name & Address:

Please list any grants, fellowships, undergraduate bursaries etc that have previously been awarded to the applicant by the RCP or COPM. Declaring a previous award has no effect on the prospect of success with the current application but is useful to the colleges in tracking the careers of those it has supported in the past.

# Proposed visit

**Purpose of visit**. please outline what you wish to achieve by participating in this fellowship placement. Benefits can be to you, your organisation, an existing partnership and/or your patients. You have a maximum of 500 words:

Proposed institution(s) to be visited:

Proposed duration of visit:

Proposed dates for visit:

### **Financial elements**

**Costs of proposed visit.** Please provide an estimate for all anticipated costs you will face in successfully undertaking this fellowship placement. Your breakdown should include costs for travel, subsistence, accommodation and any other costs you think you are likely to incur:

Please provide details of any existing or additionally required forms of financial support that would be required to facilitate this fellowship. We would like you to be explicit about any other funding required for the proposed fellowship. The committee is eager to ensure that individuals undertaking this fellowship have adequate overall financial support, to allow them to undertake their placement successfully.

## Institutional support

If you intend to build on an existing partnership, please provide written support and/or confirmation for your proposed visit from the Malaysian institution/hospital

#### References

Two short references from the below named individuals must accompany your application

Referee 1	Referee 2
Name:	Name:
Address:	Address:
Tel No:	Tel No:
Email:	Email:
Relationship:	Relationship:

#### Summary information

Outline of proposed programme (max 300 words).

Any additional comments (max 200 words).

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Applicant signature:

Date of signature: