B.A.R.I
BORDEAUX ARTHROPLASTY
RESEARCH INSTITUTE

BARI

CLINICAL FELLOWSHIP — APPLICATION FORM

Please complete this form and submit it with all required supporting documents. Fields marked with an asterisk (*) are required.

1. APPLICANT INFORMATION

Full legal name *	Given / first name: _____
	Surname / family name: _____
Birth surname (if different)	_____
Date of birth *	DD / MM / YYYY: _____
Nationality *	_____
Email address *	_____
WhatsApp / mobile *	Include international dialling code: _____

2. ELIGIBILITY AND PROFESSIONAL PROFILE

Orthopaedic training *	☐ Completed ☐ Not yet completed
Evidence of completion	☐ Included with this application
Fluent in English *	☐ Yes ☐ No
Scientific background	☐ First-author publication(s) ☐ PhD ☐ Both ☐ Neither

Briefly list relevant first-author publications and/or PhD details (if applicable):

_____

_____

3. FELLOWSHIP PREFERENCES

Preferred duration *	☐ 6 months ☐ 12 months
Preferred start month *	☐ January ☐ July
Preferred start year *	_____

4. REFEREES

Provide contact details for at least two referees. Referee letters must also be included in the supporting documents.

Referee 1 — name *	_____
Institution / department *	_____
Email address *	_____
Referee 2 — name *	_____
Institution / department *	_____
Email address *	_____

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5. SUPPORTING DOCUMENTS CHECKLIST

Tick each item included with your application.

- ☐ Proof of medical degree / diploma
- ☐ Proof of completion of orthopaedic training
- ☐ Curriculum Vitae (CV)
- ☐ Motivation letter addressing: arthroplasty training and experience; research background and experience to date; objectives for the BARI fellowship; and career plan
- ☐ Copy of passport

6. APPLICANT DECLARATION

I confirm that the information provided in this application is accurate and that the supporting documents listed above are included.

Applicant signature _____

Date _____

SUBMISSION

Email the completed form and all supporting documents to

contact@bari-arthroplasty.com