

FULL NAME (First, Last) *: _____

IFSO MEMBERSHIP*: I am an IFSO Integrated Health member YES NO - please do not proceed

INTEGRATED HEALTH PROFESSION AFFILIATION*: (Place of work) _____

DEGREE and/or PROFESSIONAL REGISTRATION _____ YEAR* _____

DATE OF BIRTH*: _____

ADDRESS*: _____

CITY*: _____ COUNTRY*: _____ ZIP: _____

PHONE: _____ MOBILE phone* _____

E-MAIL*: _____

*Mandatory fields

- Each Observership lasts one week. If possible, would you like to be considered for a longer period? Please tick your preference:
 1 week 2 weeks 3 weeks

Please note: The amount of the grant will not exceed the maximum of \$2,500 USD

- Please list the 3 preferred hospital locations (with 1 as most preferred and 3 as least) where you would like to do the Observership. When choosing your preferred hospitals please take into consideration potential visa issues that can prevent you from travelling to that specific country

1)

2)

3)

- Please specify YOUR learning objectives for this IFSO Integrated Health Observership

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- I understand that I will need to cover any expenses that exceed the amount provided by IFSO.
 - As part of your application, you will need to provide a personal statement. Please include the following information in your personal statement:
 - Number of years you have practiced as an integrated health professional in the Metabolic and Bariatric Surgery (MBS) field
 - Your experience and contribution as an Integrated Health member of the MBS multidisciplinary team.
 - How this observership will enhance your career as an Integrated Health professional working in the MBS field.
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I have read and understood the IFSO Observership Guidelines. I attach my CV, personal statement, and letter of recommendation

Date

Signature
