



ORTHOPAEDIC LIMB LENGTHENING AND RECONSTRUCTION  
FELLOWSHIP APPLICATION

Division Orthopaedic Surgery, Department of Surgical Sciences

PO Box 19063, Tygerberg 7505, South Africa

[jdtt@sun.ac.za](mailto:jdtt@sun.ac.za) / [nferreira@sun.ac.za](mailto:nferreira@sun.ac.za)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone (Include country code) \_\_\_\_\_  
Home / Mobile Work

E-mail \_\_\_\_\_

Medical School \_\_\_\_\_  
Institution Date Degree Confirmed

Residency \_\_\_\_\_  
Institution Dates

Current Position \_\_\_\_\_  
Institution Dates

Citizenship \_\_\_\_\_

Preferred Dates of Fellowship \_\_\_\_\_

Please include the following with your completed application:

- Curriculum Vitae
- Statement of Personal and Professional Goals
- Certified copies of Degrees
- Passport photo (Colour photo preferable)
- Reference letters
- Research Paper samples

I certify that all the information provided is true and correct. I understand that any appointment will be contingent on my providing the necessary employment eligibility documentation prior to the appointment.

Applicant Signature

Date