

NAME:
(Surname First)
NOM PRENOMS:

SEX:
Sexe:

FACULTY:
FACULTE:

Affix passport
Photograph

**WEST AFRICAN COLLEGE OF SURGEONS
COLLEGE OUEST AFRICAIN DES CHIRURGIENS**

APPLICATION FOR FELLOWSHIP
DEMANDE D' ADHESION AU COLLEGE

2

**ALL APPLICATION FROMS SHOULD BE ADDRESSED
TOUTES LES DEMANDES SONT Á RENVOYER**

TO

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**THE SECRETARY GENERAL,
WEST AFRICAN COLLEGE OF SURGEONS
6, Taylor Drive, Edmond Crescent, Yaba, Lagos,
Nigeria.**

**GENERAL INSTRUCTIONS
INSTRUCTIONS GENERALES**

1. Give your name in full with surname first.
Donnez votre nom suivi de vos prenom, en toutes lettres
2. Complete all sections.
Remplissez toutes les sections.
3. Both sponsors must be fellows of the college. Each sponsor must complete the recommendation form and it must be returned directly under separate cover to Secretary General. It is the responsibility of the applicant to ensure that the recommendation forms are forwarded to the Secretary-General before the closing date. Application forms and the recommendation forms received after 'the closing date will not be considered for that year.

Les deux parrains doivent-etre des membres du college. Chacun d'eux doit remplir la fiche de recommandation et la renvoyer directement au Secretaire General sous un pli separe. Le candidat doit s'assurer que les fiches de recommandation sont renvoyees au Secretaire General avant la date de cloture de depot de candidature. Les demandes de candidatures ainsi que les fiches de recommandation recues apres cette date ne seront pas examinees en vue de l'annee en question.

4. The closing date for all application is **JUNE 30** each year.
La date de cloture de depot de toute candidature est le 30 juin chaque annee.
5. Application forms must be accompanied by Photostat copies of your certificates. Such certificates should be listed under item (ix).
Le candidat doit joindre a sa fiche de demande les photocopies de ses diplomes et ces derniers doivent etre inventories sous la rubrique ix .

6. The faculties of the College are:

Les facultés du collège sont les suivantes:

- (i) Faculty of Anaesthesiology
Faculte d' Anesthesiologie
- (ii) Faculty of Dental Surgery
Faculte de Chirurgie Dentiste
- (iii) Faculty of Obstetrics & Gynaecology
Faculte d' Obstetrique et de Gynecologie

- (iv) Faculty of Ophthalmology
Faculte d' Ophtalmologie
 - (v) Faculty of Otorhinolaryngology
Faculte d' Oto-rhino-laryngologie
 - (v) Faculty of Radiology, Radiotherapy & Radiation Medicine
Faculté Radiologie, de Radiotherapie de Medicine de l' Irradiation.
 - (vi) Faculty of Surgery
Faculte de Chirurgie
- (7) All applications should be accompanied by a non-refundable fee of twenty US Dollar or its equivalent.

Le candfidat doit joindre á sa demande un droit non remboursable de vingt dollars US ou équivalent.

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CURRICULUM VITAE

I. *PERSONAL INFORMATION*

ETAT CIVIL

1. NAME (Surname First): _____
Nom et Prenoms:

2. PREVIOUS NAME: _____
Nom Precedent:

3. SEX: _____
Sexe

4. DATE OF BIRTH: _____
Date de Naissance:

5. ADDRESS: _____
Adresse: _____

- TELEPHONE:- OFFICE: _____
Téléphone: - Bureau: _____

- HOME: _____
Domicile: _____

- E-mail: _____

II *QUALIFICATIONS:*

Tires:

A. BASIC MEDICAL QUALIFICATIONS

Tires bases en Médecine

| | DEGREE Diplôme | YEAR Année | INSTITUTION Etablissement |
|-----|-------------------|---------------|------------------------------|
| (1) | _____ | _____ | _____ |
| | _____ | _____ | _____ |

B. PROFESSIONAL / SPECIALIST QUALIFICATION & DIPLOMAS: Diplomes et titres professionnels et de specialiste

| | DEGREE Diplome | YEAR Annee | INSTITUTION Etablissement |
|-----|-------------------|---------------|------------------------------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ |

6.

C. DATES OF PREVIOUS ATTEMPTS OF WACS EXAMINATION
Dates de coup d'essai precedents d'examination de WACS

**III. PROFESSIONAL TRAINING PROGRAMME:
Programme de Formation Professionnelle:**

| | DATES | POSITION Poste | INSTITUTION Etablissement |
|-----|-------|-------------------|------------------------------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ |
| (5) | _____ | _____ | _____ |

**IV. POSITIONS HELD AFTER PROFESSIONAL QUALIFICATION:
Fonctions exercees depuis la fin de la formation professionnelle:**

| | POST Poste | INSTITUTION Etablissement | DATES Dates |
|-----|---------------|------------------------------|----------------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ |
| (4) | _____ | _____ | _____ |
| (5) | _____ | _____ | _____ |

**V. PRESENT APPOINTMENT(S)
Emploi(s) Actuel(s)**

| | POST Poste | INSTITUTION Etablissement | DATES Date |
|-----|---------------|------------------------------|---------------|
| (1) | _____ | _____ | _____ |
| (2) | _____ | _____ | _____ |
| (3) | _____ | _____ | _____ |

**VI. PROFESSIONAL REGISTRATION:
Enregistrement Professionnel:**

- A. YEAR OF REGISTRATION:
Date d'Enregistrement: _____
- B. COUNTRY OF REGISTRATION:
Pays d'Enregistrement: _____
- C. REGISTRATION NUMBER:
Numero d'Enregistrement: _____

**VII. HAS YOUR NAME EVER BEEN REMOVED FROM ANY
PROFESSIONAL REGISTER OF ANY COUNTRY?**

**Avez-vous ete raye d'un registre professionnel d'un pays
quelconque?**

YES _____
Qui

NO _____
Non

IF THE ANSWER TO ABOVE QUESTION IS YES
Si vous repondez dans l'affirmatif

- (i) WHEN WAS YOUR NAME REMOVED?
Quand est-ce que vous avez ete raye? _____
- (ii) COUNTRY
Pays _____
- COMMENT
Remarques _____

**VIII. HONOURS, DISTINCTIONS & MEMBERSHIP OF OTHER
PROFESSIONAL SOCIETIES.**

**Tires Honorifiques, Distinctions, et autres Associations professionnelles
don't le Candidates est member:**

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____
- (6) _____

IX. LIST OF DOCUMENTS ENCLOSED.
Liste des pieces jointes

- (1) _____
- (2) _____
- (3) _____
- (4) _____
- (5) _____

X. SPONSORS: (TWO FELLOWS OF THE COLLEGE)
Parrains: (Deux membres du College)

| | NAME Nom | ADDRESS Adresse |
|-----|-------------|----------------------------------|
| (1) | _____ | _____ _____ _____ _____ |
| (2) | _____ | _____ _____ _____ _____ |

IF ELECTED A FELLOW, I AGREE TO OBSERVE ALL THE RULES OF THE COLLEGE.

Si je admis, je suis pret a observer toutes les regles du College.

DATE

SIGNATURE OF APPLICANT
Signature du Candidat

FOR OFFICIAL USE ONLY:

Ne rien inscrire dans cette case:

- A. NO. OF DOCUMENTS RECEIVED** _____ **DATE.** _____
- B. SPONSORS LETTERS RECEIVED** (1) DR. _____ **DATE** _____
(2)DR _____ **DATE** _____

C. RECOMMENDATION OF CREDENTIAL COMMITTEE: DATE
Recommandation du Comite charge de l' Evaluation de Tires:

ASSOCIATE. FELLOW _____
Membre Associe

FULL FELLOW _____
Membre a plein droit

REJECTED _____
Candidature non retenue

(REASON FOR REJECTION)
(Raison pour la non retention de la Candidature)

D. APPROVAL OF COUNCIL:
Approbation de Conseil:

ASSOCIATE FELLOW _____
Membre Associe

FULL FELLOW _____
Membre a plein droit

REJECTED _____
Candidature non retenue

DATE _____

