



EUROPEAN HIP SOCIETY FELLOWSHIPS

EHS Visiting Fellowship 2024 Application

Title _____ Family name _____ Forename(s) _____
(eg: Mr/Dr/Prof)

Date of birth _____ Main Qualification _____
(max age 40) (eg: MD/FRCS)

Current appointment _____

Postal address _____

City/Town _____ Post Code _____ Country _____

Telephone _____ Email _____

Signature _____

Date (dd/mm) _____ / _____ /2024

Please submit your application form, with a motivational letter, list of hip publications, your CV and 2 letters of recommendation to:-

EHS Membership Secretary, Samantha Stokes: samstokesehs@gmail.com

Deadline for applications is 31st March 2024

Thank you