



# EUROPEAN HIP SOCIETY FELLOWSHIPS

## EHS Travelling Fellowship 2025 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](mailto:samstokesehs@gmail.com)

Deadline for applications is 30th September 2024

**Thank you**