

ST JOHN AMBULANCE AIR WING



**TRAVELLING FELLOWSHIPS IN TRANSPLANTATION  
2019**

Name .....

Address.....

.....

Telephone ..... E-Mail .....

Present position .....

Intended destination of visit .....

Approximate timing (in 2019/20) .....

Please attach a copy of your CV to this form

Purpose of visit (not more than 1,000 words)

Please attach a separate sheet to this form

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**Please enclose statement of support from visiting department:**

Name .....

Title .....

Address .....

**Application for award supported by Head of Department:**

Name .....

Title .....

Address .....

**Return to:**

**Clinical Team Coordinator**  
**Email: [clinical@sja.org.uk](mailto:clinical@sja.org.uk)**  
**Telephone number: 0207 324 4284**