



**APPLICATION FOR FELLOWSHIP OF FACULTY OF PATHOLOGY OF THE ROYAL COLLEGE OF PHYSICIANS OF IRELAND**

FULL NAME .....

ADDRESS.....  
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DATE OF BIRTH .....

**PRIMARY MEDICAL DEGREE:**

Where obtained: .....

Date:.....

**HIGHER DEGREES**

(Please give full details and dates and specify, where appropriate, if qualifications have been obtained by thesis, published works or examination).

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**POSTS HELD SINCE QUALIFICATION AND DATES**

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**PRESENT POST**

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NAME OF SPONSOR.....

ADDRESS.....  
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**(This must be a Fellow of the Faculty of Pathology of the Royal College of Physicians of Ireland)**

**Candidates should submit full C.V. and a list of publications. Please add further information, if you feel it is required, on additional pages.**

An application fee of €200 made payable to the Faculty of Pathology should accompany this form.

**Return to:**

The Honorary Secretary, Education & Training Committee, The Faculty of Pathology  
The Royal College of Physicians of Ireland, Frederick House, 19 South Frederick Street Dublin 2, Ireland