

WEO Outreach Research Mentorship Application Form

Please fill in all fields in English.

Complete form and additional documents should be submitted to the WEO Office at outreach@worldendo.org with all supporting documents also written in English.

Applicant details	Name:		Date of Birth:		
	Address:		Country:		
	Phone number:				
	Email:				
Your institution details	Institution name:				
	Department name:				
	Location (city, country):				
Stage of professional development		<input type="checkbox"/> Current gastro-trainee <input type="checkbox"/> Gastroenterologist - 1-5 years of postgraduate <input type="checkbox"/> Gastroenterologist - over 5 years of postgraduate <input type="checkbox"/> Other (specify):			
Project details	Project title:				
	Short description:				
	Estimated project duration:				
	Current research funding:	<input type="checkbox"/> Fully funded <input type="checkbox"/> Partially funded <input type="checkbox"/> Unfunded <input type="checkbox"/> Other (specify):			

	Current supervisors:	<input type="checkbox"/> Local supervisors <input type="checkbox"/> External supervisors <input type="checkbox"/> None	
	List names of current supervisors:		
What kind of support are you seeking? <i>Choose as many as you like</i>	<input type="checkbox"/> Review of project proposal <input type="checkbox"/> Feedback on ongoing project <input type="checkbox"/> Connection with a mentor <input type="checkbox"/> Project collaborators <input type="checkbox"/> Other (specify):		
Other comments (if applicable)			
Terms and Conditions	I have read and agree to WEO's Privacy Policy I agree to be contacted regarding your request by WEO and that your information will be stored and when necessary, shared with appropriate collaborators within WEO.		
	Applicant's Signature: <i>e-signature and scan accepted</i>		Date:

Document check list

- Application form complete and signed.
- Brief CV
- Research proposal
- Optional: other relevant documents such as your publications, other research activity

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