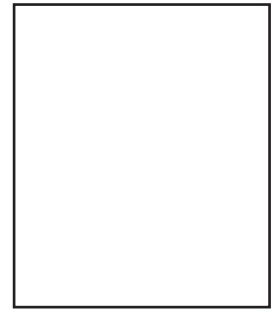


# WEST AFRICAN COLLEGE OF SURGEONS



## APPLICATION FOR DIPLOMA IN CLEFT CARE SURGERY

(Smile Train Cleft Surgery Certification Scholarship Programme)

### GENERAL INFORMATION

1. SURNAME (*in BLOCK Letters*) .....
2. OTHER NAMES: .....
3. MAIDEN NAME: (*if any*) .....
4. DATE OF BIRTH: ..... Sex: ..... Nationality: .....
5. CORRESPONDENCE ADDRESS: .....  
.....  
.....
6. E-mail address: ..... Tel. No. ....

### SPECIFIC DETAILS

7. Accredited centres for competency -based training(*please mark X in the appropriate box*)

(*Note that WACS reserves the right of final decision on the centre suitable for each applicant*)

	Accredited Training Centres	Tick(X)
1.	Armed Forces Specialist Hospital(AFSH), Kano, Nigeria	
2.	Lagos University Teaching Hospital (LUTH), Lagos, Nigeria	
3.	National Orthopaedic Hospital (NOHE), Enugu, Nigeria	
4.	Komfo Anokye Teaching Hospital (KATH), Kumasi, Ghana	
5.	Hospital General IdrissaPouye, (HOGIP), Dakar, Senegal	
6.	Treichville Teaching Hospital, Abidjan, Cote d'Ivoire	

8. Medical School Attended & Year of Graduation: .....
9. Institution(s) & Dates of Postgraduate Training (*attach Certificate(s) of Training*):
  1. ....
  2. ....
  3. ....

10. Date of previous Membership Examinations passed: *(attach photocopies of Certificates or Notice of Results)*:

Primary .....

Membership .....

11. *I declare that the statements made in this application are to the best of my knowledge correct and complete and I accept that any statement found to be false may render me liable to disqualification from the training.*

Candidate's Signature ..... Date: .....

12. Name of Head of Department: .....

13. Signature of Head of Department *(with date)*: .....

### **RECOMMENDATION**

Recommendations by Two **Fellows** in good standing with the College at least **ONE** of whom must be a Fellow of the relevant Faculty:

A. *I hereby certify that ..... is personally known to me and I consider him/her to be in every way suitable for admission into the training programme.*

.....  
Name

.....  
Signature

.....  
Date

B. *I hereby certify that ..... is personally known to me and I consider him/her to be in every way suitable for admission into the training programme.*

.....  
Name

.....  
Signature

.....  
Date

#### **Instruction and Notice**

*This form, when fully completed, must be returned as early as possible but not later than the advertised closing date to the Secretary General, WACS, 4 Harvey Road, Yaba, Lagos Nigeria : e mail : [info@wacscoac.org](mailto:info@wacscoac.org). Telephone No. +234906275914*