



**CARIBBEAN COUNCIL FOR THE BLIND
&
THE FOUNDATION FOR EYE CARE IN THE CARIBBEAN
(IN SUPPORT OF THE SOUTHERN REGIONAL HEALTH AUTHORITY –
JAMAICA)**

**POST GRADUATE STUDIES IN OPHTHALMOLOGY – SCHOLARSHIP
APPLICATION FORM**

1. GENERAL INFORMATION:

Inviting applications for three (3) scholarships to medical Doctors who are competent in Spanish to be trained as Ophthalmologists in either:

- * Paraguay (The Academic Department of Fundación Visión in conjunction with the Catholic University “Nuestra Señora dela Asunción),
- * Guatemala (Universidad Galileo) or
- * Mexico (Universidad de Montemorelos).

1.2 Applicants should complete this form and return to the following addresses no later than Friday 22nd Oct. 2010.

1.2.1 scholarship@eyecarecaribbean.com

An electronic copy can be found at www.eyecarecaribbean.com/scholarship. It may be completed online and submitted directly to Eye Care Caribbean or the form may be downloaded, completed and emailed to scholarship@eyecarecaribbean.com

1.2.2 Jamaican applicants:

Application forms may (also) be collected from and returned to The Representative of CCB-Eye Care Caribbean at the Eye Department, Mandeville Regional Hospital (Jamaica).

1.2.3 Guyanese applicants:

Application forms may (also) be collected from and returned to CCB-Eye Care Guyana, Thomas and Quamino Street, Georgetown, Guyana.

1.3 Applicants will be invited to sit an entrance exam (in Spanish) no later than the first week in November. The exams will be invigilated in Georgetown, Guyana and Mandeville, Jamaica.

1.4 * All applicants who are successful in the entrance exam, will be referred to the Government of Guyana or the Southern Regional Health Authority, for consideration and bonding, as a prerequisite for accessing the available scholarships.

1.5 The Successful applicants will be required to commence their course of studies between January and April, 2011, depending on the Residency programme to which they have been admitted.

1.7 WHAT DOES THIS SCHOLARSHIP INCLUDE?

(The scholarship will pay all approved costs covering):

- 1.7.1 Annual return air ticket –at economy class;
- 1.7.2 Tuition to the applicable university;
- 1.7.3 Cost of living, including housing –at a monthly sum as recommended by the university;
- 1.7.4 Academic materials and equipment to include:
 - 1.7.4.1 Ophthalmoscope and retinoscope plus applicable lenses;
 - 1.7.4.2 Supporting didactic;
 - 1.7.4.3 Laptop computer, if prescribed by residency programme.

2. PERSONAL DATA:

2.1 Name in full.....

SURNAME
FORENAMES

2.2 (a) Address for correspondence about this application
.....
.....

2.3 Permanent Address (if not the same as 2a)
.....
.....

2.4 Telephone numbers.....Email address.....

2.5 Date and Place of Birth

2.6 Nationality..... Gender.....

2.7 a) Marital Status b) No. of Children

3. WORK EXPERIENCE

3.1 Name of present: Hospital or clinic(s)
.....
.....

3.2 Name of current clinic Consultant-Supervisor
.....

3.3 Are you permanently employed to the institution? Yes..... No.....

3.4 Previous practicing appointments (if any). Give details.

Hospital-Clinic	Area of practice	YEAR OF SERVICE FROM TO
.....
.....
.....
.....

3.5 Do you qualify for Study leave?

3.6 If no, are you able to study abroad for 3 years, without undue financial difficulties for your dependents, if any?

4. EDUCATIONAL RECORD

Educational Institution	From	To	(Degrees, Diplomas or Certificates gained with passes of honours, etc)
.....
.....
.....

ACADEMIC QUALIFICATIONS - STATE DETAILS CLEARLY, WHERE APPLICABLE THESE SHOULD INCLUDE PROFESSIONAL CERTIFICATES AND DIPLOMAS OBTAINED.

DATE	EXAMINATION	SUBJECTS	STATE LEVEL (ADVANCE OR ORDINARY)	RESULTS (DISTINCTION, CREDIT OR PASS,)

5. Academic distinctions or prizes received.....
.....
6. Name two (2) persons from whom confidential reference about you may be obtained. If you are currently practicing, one of these **must** be the Dr. who supervises your work and the other from an academic under whom you have studied or practiced.

NAME	POSITION	INSTITUTION & ADDRESS
.....
	
	
		Tel.
.....
	
	

Tel.

Download reference form and submit to referees named above.
(www.eyecarecaribbean.com\scholarship\referee)

7. Give in not more than 150 words a statement of the benefits to be gained from your successful training.

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

8. Any other information which you consider relevant to the application.

.....

.....

.....

Date..... Signature