

# APPLICATION FORM



## OTCF HUMANITARIAN PROGRAM PROPOSAL

### Individual Surgeon

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/Country \_\_\_\_\_

Employer \_\_\_\_\_

Jobtitle \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### Institution

Name \_\_\_\_\_

Address \_\_\_\_\_

City/Country \_\_\_\_\_

Type of Inst. \_\_\_\_\_

Contact Person \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

### Program Proposal Type:

- Planned**
- Short term       Long term       Regular intervals
- Educational**
- Train surgeons on-site     Train surgeons at OTC Host Centers
- Emergency**

Lenght: \_\_\_\_\_

Country/City/Region: \_\_\_\_\_

Timeframe: \_\_\_\_\_

# APPLICATION FORM



## OTCF HUMANITARIAN PROGRAM PROPOSAL

Proposal

Program Proposal Objective

Expertise

Project Sustainability (follow up plans)

Outcome/Beneficiaries/Impact

Funding Request (accommodation, local transportation, etc.).

Please specify where exactly OTCF funds would be allocated to, along with a detailed budget proposal.

Relation of Program Proposal to OTCF Program Objectives

Co-Sponsors

Feedback to be reported to OTCF

(such as newspaper clippings, interview, web links for OTCF to be featured, report to be written for OTCF Newsletter, etc.)

Please describe your relation to OTCF Foundation / Your local OTC Chapter

Please attach your CV to this application when applying as an individual. In case of an institutional application, please attach information on the institution.

SIGNED

LOCATION

DATE