**Template for application for Fellowship of the ECSA College of Family Physicians**

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| ***Vision***  To lead the transformation of primary healthcare in the ECSA region and strengthening the health workforce by providing high quality education, training, research and advocacy in Family Medicine.***Mission**** To increase the availability of specialist Family Physicians in the ECSA region through high quality postgraduate training and assessment
* to enable collaboration between existing postgraduate Family Medicine training programmes and the sharing of expertise in both training and assessment and
* to improve healthcare outcomes for individuals, families and communities through continuous. comprehensive and person-centred healthcare.
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To the …………………………of the [national FP specialist association name]

Dear [position of relevant person in association],

I, [Full Name], hereby apply for Fellowship in the College of Family Physicians of East, Central, and Southern Africa (ECSA-CFP).

Below are my personal details and qualifications for consideration:

**Personal Information**

1. **Full Name:** [Insert full name]
2. **Gender:** [Insert gender]
3. **Date of Birth:** [Insert date of birth]
4. **Nationality:** [Insert nationality]
5. **Contact Information:**
	* Phone: [Insert phone number]
	* Email: [Insert email address]
	* Address: [Insert postal/physical address]

**Professional Qualifications**

1. **Primary Medical Qualification:**
	* Degree: [Insert degree, e.g., MBChB/MD]
	* Institution: [Insert institution name]
	* Year of Graduation: [Insert year]
2. **Postgraduate Qualification in Family Medicine:**
	* Degree: [Insert degree, e.g., MMed (Family Medicine)]
	* Institution: [Insert institution name]
	* Year of Completion: [Insert year]
	* Duration of training: [year of starting – year of completion]
3. **Additional Qualifications (if applicable):**
	* [List any additional qualifications relevant to Family Medicine]

**Registration in National Specialist Register of Family Physicians:**

Name of registering body and country ………………………… date of first registration …………….

**Membership of national/regional professional bodies:** [eg Association of Family Physicians of (country)] (not obligatory)

Please list all the countries you are registered in as a family physician.

**Professional Experience**

* **Current Position:** [Insert job title, institution, and duration]
* **Experience in Family Medicine:** [Summarize briefly experience as a Family Physician, including roles in clinical practice, teaching, research, and leadership]

**Contributions to Family Medicine:**

* + [Highlight contributions, e.g., clinical training, policy development, community-oriented primary care, etc.]

**Reasons for Seeking Fellowship**

I seek Fellowship in ECSA-CFP because:
[Provide a brief statement outlining your motivation, how you align with the mission and values of the College, and how you plan to contribute to its goals.]

**Supporting Documents**

I have attached the following documents to support my application:

1. Certified copies of academic and professional qualifications.
2. Curriculum Vitae (CV).
3. Letters of recommendation from two referees.
4. Proof of current professional registration in [Insert country].
5. Evidence of contributions to Family Medicine, such as lists of research publications, programme development, or clinical practice reports (if applicable).

**Declaration**

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** [Insert date]

**Print name**:

**When the application process is complete and the family physician has been approved as a Fellow they will be required to pay their fees and sign the following declaration, as per the Constitution of ECSA-CFP.**

All Fellows, duly admitted shall, before their names are scrolled on the College of Family Physicians register, make the following declaration and sign such declaration:

*“I….................. do solemnly and sincerely declare and affirm that I will at all time do all within my power to promote the objectives, reputation, honour and dignity of the College of Family Physicians and its Fellows, that I will observe the provisions of the laws, regulations and code of ethics of the College of Family Physicians as in force from time to time, that I will obey every lawful summons issued by order of the Council of the College of Family Physicians of East Central and Southern Africa (ECSA-CFP), having no reasonable excuse to the contrary, and I make this solemn declaration honestly promising to adhere to its terms”*

Dated at……………………………….……………….this……………..day in the year…………………………

Witness (must be a Fellow) ……………………………………… Signature:……………………………….

**For Office Use Only**

* **Application Received on:** [Insert date]
* **Reviewed by Accreditation Committee on:** [Insert date]
* **Decision:** [Approved/Declined]
* **Remarks:** [Insert any relevant remarks]