



WSKRN Research Projects Application Form 2020

Name				
Title	<input type="checkbox"/> Surgeon/Physician	<input type="checkbox"/> Resident/Fellow/Intern	<input type="checkbox"/> Medical Student	<input type="checkbox"/> Others
Academic institution				
Address				
City				
Postal/Zip code				
Country				
Phone				
Email				
Specialty				

Do you have any research experience?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you published any previous work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

I am interested to learn about (can select more than one)
<input type="checkbox"/> How to conduct a systematic literature review <input type="checkbox"/> Citing research using references managers <input type="checkbox"/> Select and implement correct research design <input type="checkbox"/> Data collection and statistical analysis <input type="checkbox"/> Publishing my research <input type="checkbox"/> Presenting my research <input type="checkbox"/> Critical appraisal
How can WSKRN assist you?

Document required to send to WSKRN@womensurgeonskwt.org

1. CV (PDF or Doc)
2. Personal Photo (image)
3. Project proposal (PDF or Doc) -optional-

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