



2015 SHOULDER AND ELBOW FELLOWSHIP APPLICATION

This form has been approved for use by Sydney Shoulder Research Institute. Applications and documents should be emailed to fellows@sydneyshoulder.com.au

Personal Details

First Name: _____

Last Name: _____

Date of Birth: / / Place of Birth: _____

Address: _____

Country: _____

Citizenship: _____

Native language: _____

Other languages: _____

Email: _____

Telephone: _____

Mobile: _____

Undergraduate Education

University: _____

Location: _____

Degree: _____

Date: _____

University: _____

Location: _____

Degree: _____

Date: _____

Graduate Education

University: _____

Location: _____

Degree: _____

Date: _____

University: _____

Location: _____

Degree: _____

Date: _____

Awards

Name: _____

Date: _____

Name: _____

Date: _____

Medical Board Registration (Certification)

Authority: _____

Location: _____

Conditions: _____

Dates: _____

⇒ (enclose a copy of your current registration/certification)

College or Other Professional Memberships

Authority: _____

Level: _____

Dates: _____

⇒ *(enclose a copy of membership documentation)*

Authority: _____

Level: _____

Dates: _____

⇒ *(enclose a copy of membership documentation)*

Authority: _____

Level: _____

Dates: _____

⇒ *(enclose a copy of membership documentation)*

Research Experience

Publications and Presentations

Teaching Experience

Military / Community Service

Special Interests or Abilities

References

Please provide the names of 2 x professional references who have acted as your immediate supervisor in the last 5 years that would be willing to complete a Referee's Report on your behalf:

1 Name: _____
 Position: _____
 Organisation: _____
 City, Country: _____
 Email address: _____
 How long have they known you?: _____
 In what capacity (eg supervisor)?: _____

2 Name: _____
 Position: _____
 Organisation: _____
 City, Country: _____
 Email address: _____
 How long have they known you?: _____
 In what capacity (eg supervisor)?: _____

Question and Answers

To complete your application, you are required to answer the following questions. If there is insufficient room provided below, feel free to prepare your answers on separate pages.

1 Why are you particularly interested in subspecialising in shoulder & elbow surgery?

2 What do you consider to be the *purpose* of Fellowship and why is it important?

3 What do you consider to be your strengths as a surgeon?

4 What do you consider to be areas you need improvement as a surgeon?

5 Why did you apply for *this* particular (ie Sydney Shoulder RI) Fellowship?

6 Which year do you wish to do Fellowship and commencing when (January or July)?

Please sign and date this application:

_____ signature

_____ date

Documentation to attach

Please also ensure you also submit in .pdf format:

- A** Current Curriculum Vitae which must include:
 - recent photograph
 - list of research publications to date
- B** 2 x signed letters of recommendation on original letterhead in .pdf format (ie unalterable) that are no more than 1 year old
- C** IELTS results no more than 2 years old (if required)
- D** Copies of qualifications (and any translations if not in English)