SydneyShoulder ResearchInstitute

2017 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

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Personal Details

First Name: _____

Last Name: _____

Date of Birth: / / City & country 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

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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.

Please check with these referees to confirm that they would be willing to complete a Referee's Report on your behalf for they will be contacted should you be short-listed for a Fellowship position.

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 (and physician)?

4 What do you consider to be the areas in which you need improvement?

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

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

_____

7 If successful, who would accompany you to Sydney for the year?

_____

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)