



SPORTSMED · SA

SPORTS SURGERY & ARTHROPLASTY FELLOWSHIP

APPLICATION FORM

PERSONAL DETAILS AND QUALIFICATIONS (to be completed by applicant and forwarded to the Human Resources Manager)

Section 1 PERSONAL DETAILS

Family Name			
First Name			
Middle Name			
Preferred Name			
Date of Birth	Gender Male/Female		
Prefix (please tick)	<input type="checkbox"/> Mr	<input type="checkbox"/> Dr	<input type="checkbox"/> Professor <input type="checkbox"/> Assoc Professor <input type="checkbox"/> Other _____

Residential Address

Street 1			
Street 2			
Suburb			
State		Postcode	
Suburb			
Country			
Home Telephone Number (including international dialling code)			
Mobile Phone Number	Email Address		

Postal Address (if different from above)

Street 1			
Street 2			
Suburb			
State		Postcode	
Suburb			
Country			

Professional Address (if different from above)

Institution Name			
Street 1			
Street 2			
Suburb			
State		Postcode	
Suburb			
Country			

Section 2 FELLOWSHIP APPLICATION

Year (commencing 1st August) (please tick)	<input type="checkbox"/> 2012	<input type="checkbox"/> 2013	<input type="checkbox"/> 2014
Supervisors (please tick)	<input type="checkbox"/> Dr Paterson/Dr Spriggins	<input type="checkbox"/> Dr Keene/Dr Oakeshott & Dr Martin	

Section 3 QUALIFICATIONS – please provide transcript as proof

Qualification 1 Please complete all fields

Full Name of Qualification
Abbreviation
Institution
Research or Coursework
In Progress or Completed
If completed - date conferred
If in progress - date commenced
If in progress - expected completion year
Qualification level (eg Doctorate/Masters/Post Grad/Bachelor/Diploma/Other)

Qualification 2 Please complete all fields

Full Name of Qualification
Abbreviation
Institution
Research or Coursework
In Progress or Completed
If completed - date conferred
If in progress - date commenced
If in progress - expected completion year
Qualification level (eg Doctorate/Masters/Post Grad/Bachelor/Diploma/Other)

Qualification 3 Please complete all fields

Full Name of Qualification
Abbreviation
Institution
Research or Coursework
In Progress or Completed
If completed - date conferred
If in progress - date commenced
If in progress - expected completion year
Qualification level (eg Doctorate/Masters/Post Grad/Bachelor/Diploma/Other)

Section 4 APPLICATION DOCUMENTATION CHECKLIST (PLEASE TICK)

Documents Required in order to be considered	YES	NO	ADDITIONAL INFORMATION
Application Form Completed			
Curriculum Vitae			
Qualifications (please include copies of parchments)			
Previous Surgical Experience (including operation log)			
Previous and current research activities			
Publications			
Evidence of English (eg IELTS, results no more than 2 years old)			
Three written references			
Two current passport photos			

Section 5 FELLOWSHIP ADVERTISING

Please indicate how you found out about the fellowship

METHOD/SOURCE	<input type="checkbox"/> ICOE	<input type="checkbox"/> DEPUY	<input type="checkbox"/> PREVIOUS FELLOW
	<input type="checkbox"/> JBJS	<input type="checkbox"/> INTERNET	
If referred by Previous Fellow please advise of Fellow's Name			

Section 6 CONFIRMATION:

Today's date	
Candidate's Signature	

Section 7 Office Use Only (Manager to complete)

Fellowship Manager's Signature	
Fellowship Manager's Name	
Fellowship Manager's Contact Number	