

SPECIAL CONSIDERATION APPLICATION FORM

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A Special Consideration Application Form is used if you are seeking special consideration of deviation from AOA Policy in accordance with the *Flexible Training Policy*.

PART A: Personal Details								
Full Name:								
Email:								
Mobile:								
PART B: Training Program Details								
Stage of Training (please tick)								
☐ Introduction to Orthopaedics ☐ Core Orthopaedics			S					
□ SET 3		□ SET 4	SET 4		□ SET 5			
Training Region (please tick)								
☐ NSW Northside	□ NS	☐ NSW Southside		☐ NSW Newcastle				
☐ Queensland	□ Vio	☐ Victoria/Tasmania		☐ South Australia/Northern Territory				
☐ Western Australia								
Hospital:								
Surgical Unit/Post:								
	-							
PART C: Policy / Trair	ning F	Requireme	nt					
Description of the policy clause or training requirement from which deviation is sought								

PART D: Exceptional Circumstances				
Please outline the exceptional circumstances that you believe warrant granting of special consideration. Please provide supporting evidence where appropriate. If more space is required, please attach a separate sheet of paper.				
PART E: Trainee Declaration				
Please complete this checklist to ensure your application is complete.				
☐ I have carefully read the AOA Flexible Training Policy.				
☐ I have completed all relevant parts of the application form.				
☐ I have attached relevant supporting evidence (e.g. medical certificate).				
Trainee Signature:	Date:			

Please submit completed form to <u>training@aoa.org.au</u>.