



CHANGE IN CIRCUMSTANCE FORM FOR AN AOA ACCREDITED FELLOWSHIP PROGRAM

AOA

AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

This form is to be used for any changes to the fellowship program that have occurred prior to initial accreditation. This form is **not** to be used to renew accreditation.

1. Name of Applicant	
2. Name of Program	
3. Is there a change in chief supervisor?	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 7)
4. Name of new chief supervisor	<i>Attach detailed CV</i>
5. CPD compliance	Is the chief supervisor CPD compliant: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Please attach a copy of the CPD Certificate of Compliance for the preceding year</i>
6. Does the primary institution support this change?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach evidence to show institution support</i>
7. Is there a change in primary institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No <i>Attach evidence to show institution support for the program</i>
8. Is there an addition of hospital sites to the program:	<input type="checkbox"/> Yes <input type="checkbox"/> No (go to question 10)
9. Additional sites:	<i>Attach a copy of the new timetable</i>
10. Is there a change to the program funding:	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Sources and anticipated amount of funding	<p>1 Company sponsorship:</p> <ul style="list-style-type: none"> • Company name _____ • Amount of stipend _____ • Does the company abide by the MTAA code of conduct or its equivalent? <input type="checkbox"/> Yes <input type="checkbox"/> No <p>2 Institutional fellowship fund: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

	<p>3 Assistant fees estimate: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____</p> <p>4 On-call income estimate: <input type="checkbox"/> Yes <input type="checkbox"/> No Amount _____</p> <p>5 Other sources of funding:</p>
Applicants acknowledgement :	<p>Please confirm the following:</p> <p><input type="checkbox"/> I have read and will abide by the AOA Accredited Fellowships Policy</p> <p><input type="checkbox"/> I have attached relevant supporting documentation to this form</p> <p><input type="checkbox"/> I understand that my application alongside all supporting documentation may be circulated to the relevant Regional Training Committee for support</p> <p><input type="checkbox"/> I have read and agree to the AOA Privacy Policy and AOA Privacy Collection Notice</p>
Sign and date	

PAYMENT

The completed form must be returned to the Fellowships Manager via email: fellowships@aoa.org.au. A fee of \$250 may be charged to the applicant if there are substantive changes to the program.

PAYMENT OF NON-REFUNDABLE RENEWAL FEE	
Please debit my credit card for the amount of \$250.00	
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card number _____	
Name on card _____	Expiry date _____ / _____
Signature _____	Date _____