



**AOA**  
AUSTRALIAN  
ORTHOPAEDIC  
ASSOCIATION

## Application for the 2020 ABC Exchange Fellowship Program

ALL APPLICATION FORMS AND LETTERS OF RECOMMENDATION MUST BE COMPLETED AND RETURNED TO AOA HEAD OFFICE BY 5 p.m. ON 31 JULY 2019. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.

### Conditions of Award:

1. Applicant must be a Fellow member of AOA at the time of selection interview.
2. Applicant must be under the age of 45 years at 31 December 2019.
3. Applicant must be a current financial member

### Instructions:

- Complete attached form and return to:

The Chairman  
ABC Travelling Fellowships  
AOA  
Level 12, 45 Clarence Street  
SYDNEY NSW 2000

- Attach a small current photograph – 5cm x 8cm preferred size - to each application.
- Ensure that the two (2) sponsors (TWO ONLY) have forwarded letters of recommendation to The Chairman, ABC Travelling Fellowships at the above address by 31 July 2019.

### SECTION 1: BIOGRAPHICAL DETAILS

Name\_\_\_\_\_

Birthdate\_\_\_\_\_Place of Birth\_\_\_\_\_Citizenship\_\_\_\_\_

Practice Address\_\_\_\_\_

\_\_\_\_\_

Practice Phone No.\_\_\_\_\_Practice Fax No.\_\_\_\_\_

Home Address\_\_\_\_\_

\_\_\_\_\_

Home Phone No.\_\_\_\_\_Home Fax No.\_\_\_\_\_

email Address:\_\_\_\_\_

**SECTION 2: SPONSORS**

One sponsor should be the orthopaedic surgeon on whose service you have had the majority of your training, and the other should be an orthopaedic surgeon who is familiar with your work over the past three years.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

NOTE: Sponsors' letters of recommendation must be received by AOA by 31 May 2017.

**SECTION 3: SPECIAL INTERESTS**

Describe the areas of your special interests in orthopaedics

\_\_\_\_\_  
\_\_\_\_\_

**SECTION 4: MEDICAL QUALIFICATIONS**

• Undergraduate

Graduate of \_\_\_\_\_ University - Date of Graduation \_\_\_\_\_

• Postgraduate Training in Orthopaedics

	Hospital & Location		Month & Year
1st year	_____	From _____	To _____
2nd year	_____	From _____	To _____
3rd year	_____	From _____	To _____
4th year	_____	From _____	To _____
5th year	_____	From _____	To _____

DATE of F.R.A.C.S. Certification \_\_\_\_\_

Date of Fellowship/Associate Membership of AOA: \_\_\_\_\_

• Other Education or Fellowship

1. Type of Education or Fellowship \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Location \_\_\_\_\_

Name of Director \_\_\_\_\_

Activity during Fellowship \_\_\_\_\_

\_\_\_\_\_

2. Type of Education or Fellowship \_\_\_\_\_

From: \_\_\_\_\_ To \_\_\_\_\_ Location \_\_\_\_\_

Name of Director \_\_\_\_\_

Activity during Fellowship \_\_\_\_\_

\_\_\_\_\_

SECTION 5: TEACHING AFFILIATIONS

List in chronological order.

1. Name of Centre \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Academic Title \_\_\_\_\_

Academic and Teaching responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Name of Centre \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Academic Title \_\_\_\_\_

Academic and Teaching responsibilities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Others \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 6: ADMINISTRATIVE ROLES**

List Committee appointments at Medical Schools, Hospitals, in Medical Associations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 7: SPECIAL AWARDS**

List special awards you have received while in Medical School, Fellowship, or following the completion of your educational program.

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**SECTION 8: CAREER PLANS**

Briefly describe your future career plans.

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**SECTION 9: CURRICULUM VITAE**

Please attach separately, using the guidelines attached in setting out your CV.

**SECTION 10: REPRESENTATIVE SKILLS**

Write a personal, one paragraph statement, stating why you feel you would be a good ABC Travelling Fellow representative and a "Goodwill Ambassador" for AOA.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## GUIDELINES FOR PREPARATION OF CURRICULUM VITAE

USE THE FOLLOWING COMPLETE HEADINGS (a to n) TO BEGIN EACH NEW SECTION OF YOUR CURRICULUM VITAE. IF, FOR ANY SECTION, THERE ARE NO CONTRIBUTIONS, INSERT THE WORD "NONE" AFTER THE SECTION HEADING.

- a. Name
- b. Scientific presentations – national / international
- c. Scientific presentations – regional / local
- d. Audio-visual presentations
- e. Courses organised / hosted
- f. Professional affiliations
- g. Committee appointments
- h. Other achievements / activities / interests

It is important not to overlook this section as it helps to give the Committee a better sense of the depth and breadth of your intent outside orthopaedic surgery.

- i. Research grants
- j. Published papers – peer—reviewed
- k. Published papers – non—refereed
- l. Published books
- m. Submitted manuscripts
- n. Current research

Since this section is weighted heavily, it is to your advantage to complete it as fully as possible.