Application for the 2018 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 May 2017. 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 2017.

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 May 2017.

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.

SECTION 8: CAREER PLANS

Briefly describe your future career plans.

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.