Individual Position Application - Post Fellowship Education and Training Spinal Surgery

Australian Orthopaedic Association and Neurosurgical Society of Australasia



This form is an electronic form which only allows entry of information into the text boxes required. The boxes will expand as you type to accommodate the amount of text required.

NSA members/Neurosurgeons should submit this form electronically to: [administration@nsa.org.au](mailto:administration@nsa.org.au).

AOA members/orthopaedic surgeons should submit this form electronically to: [fellowships@aoa.org.au](mailto:fellowships@aoa.org.au).

**Applicant Details**

**Full Name:** Full Name

**Preferred Mailing Address** Mailing Address

**Preferred E-mail Address** Email Address

**Contact Number** Contact Number

**PFET Position details**

**Please identify the PFET position you have secured or been offered employment in. Name of primary hospital/PFET program:** Name of PFET position

**1. What is your start date?** Start Date

**2. What is your anticipated finish date?** Finish Date

**Please attach your employment contract offer letter**

**Qualifications**

**3. Please indicate below your applicable qualification:**

FRACS in Neurosurgery

FRACS in Orthopaedics

Completion of the Australian Medical Council specialist assessment process

Specialist training qualification in neurosurgery or orthopaedic surgery from an authority

**Please attach applicable notarised qualification documentary evidence and logbook of your operative experience**

**Registration Details**

**4. Please indicate below your citizenship or visa status**

Australian Citizen or Permanent Resident

New Zealand Citizen or Permanent Resident

Visa appropriate to work as a specialist surgeon

**Please attach documentary evidence of your citizenship or visa status.**

**If you are yet to secure a visa the visa must be provided to the Committee once granted.**

**5. Please indicate below your current medical registration status:**

General (unconditional) registration in Australia

General (unconditional) registration in New Zealand

Limited/Provisional registration in Australia

Limited registration in New Zealand

**Please attach documentary evidence of your medical registration status.**

**If you are yet to secure registration, once AHPRA in-principle approval is received it must be provided to the Committee once granted and the medical registration certificate must be attached once available.**

**Please complete the separate logbook summary form.**

Thank you for your application. You will receive acknowledgement of your application, and a tax invoice for payment of the applicable fee, within 5 business days. Your application will be processed on receipt of your payment. If you have any questions, please contact our office by email at fellowships@aoa.org.au or phone on + 61 2 8071 8003

**End of form**