

APPLICATION FOR THE 2019 APPOS TRAVELLING FELLOWSHIP PROGRAM

HONG KONG AND SOUTH KOREA

ALL APPLICATION FORMS AND LETTERS OF RECOMMENDATION MUST BE COMPLETED AND RETURNED TO APPOS BY 5 p.m. ON **28 FEBRUARY 2019**. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.

Conditions of Award:

1. Applicant must be a member of APPOS at the time of selection

(You can join APPOS at <https://www.apoaonline.com/membershipRegistration-standard.php>)

2. Applicant must be under the age of 40 years at 31 December 2019.

Instructions:

All documents are to be sent to the Chairman of the APPOS Travelling Fellowship

- Completed attached form and CV
- Small current photograph – 5cm x 8cm preferred size - to each application.
- Three (3) referee letters

to Assoc Prof Leo Donnan (leo.donnan@rch.org.au) by **28 February 2019**

SECTION 1: BIOGRAPHICAL DETAILS

Name

Birthdate (dd/mm/yyyy)

Place of Birth

Citizenship

Practice Address

Practice Phone No

Home Address

Mobile Phone No.

email Address:

SECTION 2: Referees

One referee should be the orthopaedic surgeon on whose service you have had the majority of your training, one a member of the APPOS and the others should be orthopaedic surgeons who are familiar with your work over the past three years.

1. Name

Address

Practice Phone No.

Fax No:

Mobile Phone No.

email Address:

2. Name

Address

Practice Phone No.

Fax No:

Mobile Phone No.

email Address:

3. Name

Address

Practice Phone No.

Fax No:

Mobile Phone No.

email Address:

NOTE: Referee letters of recommendation must be received by Assoc Prof Leo Donnan (leo.donnan@rch.org.au) by 28 February 2019.

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 Orthopaedic Certification

Date of Membership of APOA/APPOS _____ Member Number _____

• 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 in Medical School, Fellowship, or following the completion of your educational program.

SECTION 8: CAREER PLANS

Briefly describe your future career plans.

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.