



AOA
AUSTRALIAN
ORTHOPAEDIC
ASSOCIATION

Application for 2010 ABC Exchange Fellowship Program

ALL APPLICATION FORMS AND LETTERS OF RECOMMENDATION MUST BE COMPLETED AND RETURNED TO AOA HEAD OFFICE BY 5 pm on 30 June 2009. APPLICATIONS RECEIVED AFTER THAT DATE WILL NOT BE CONSIDERED.

Conditions of Award

1. Applicant must be a Fellow or Associate member of AOA at the time of selection interview.
2. Applicant must be under the age of 45 years at 31 December 2009.

Instructions

- Complete and return this form to:

**The Fellowships Officer
Ground Floor
229 Macquarie Street
SYDNEY NSW 2000**

- Attach a small current photograph (5cm x 8cm preferred size) to the application.
- Ensure that the two (2) sponsors (**TWO ONLY**) forward letters of recommendation to The Fellowships Officer at the above address by 31 July 2009.

SECTION 1: BIOGRAPHICAL DETAILS

Name _____

Birth date _____ 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 July 2009.

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 FRACS 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.

GUIDELINES FOR PREPARATION OF CURRICULUM VITAE

Use the following 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.