

2022 Selection Application Form

1. Personal Information

Registration Declaration & Contact Details

First Name: _____ RACS ID Number: _____ Gender: _____

Surname: _____ Date of Birth: _____

Address 1: _____ State: _____ Postcode: _____

Suburb: _____ Country: _____

Email: _____ Phone: _____ Mobile: _____

I acknowledge and agree to the terms and conditions of the BreastSurgANZ PFT Traineeship outlined on Page 7 of this Application. I certify that the information in this Application Form, including attachments, provided is true and correct.

Name: _____ Signature: _____ Date: _____

2. Surgical Rotation or Hospital Appointment

Enter all surgical rotations or hospital appointments undertaken in the last two (2) clinical years. Please attach proof of rotations or appointments in the form of a transcript of training, signed assessment forms, approved surgical logbook, or letter of confirmation from the hospital. Contracts or rosters will not suffice as documentation.

Entry 1

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

Entry 2

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

Entry 3

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

Entry 4

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

Entry 5

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

Entry 6

Start Date: _____ End Date: _____ Duration (Weeks): _____

Hospital: _____ Specialty: _____

3. Higher Degree and Research

Please attach proof of completion of either Masters by coursework or thesis, PhD, or Doctor of Medicine, or equivalent. Note: Higher degrees must be awarded by the time of application closing date.

Entry 1

Qualification: _____ Institution: _____

Qualification Name: _____ Date Awarded: _____

Entry 2

Qualification: _____ Institution: _____

Qualification Name: _____ Date Awarded: _____

Entry 3

Qualification: _____ Institution: _____

Qualification Name: _____ Date Awarded: _____

4. Publications

Please attach proof of publications. Note: Publications must be complete at the time of application closing date.

For Type of Publication, please select Journal Article, Case Report, or Book Chapter. For Author please list 1st, 2nd etc. or Other.

Entry 1

Title: _____ Surgical Specialty: _____

Publication Name: _____ Date of Publication: _____

Type: _____ Author _____

Entry 2

Title: _____ Surgical Specialty: _____

Publication Name: _____ Date of Publication: _____

Type: _____ Author _____

Entry 3

Title: _____ Surgical Specialty: _____

Publication Name: _____ Date of Publication: _____

Type: _____ Author _____

Entry 4

Title: _____ Surgical Specialty: _____

Publication Name: _____ Date of Publication: _____

Type: _____ Author _____

Publications (continued)

Entry 5

Title: _____ Surgical Specialty: _____
Publication Name: _____ Date of Publication: _____
Type: _____ Author: _____

Entry 6

Title: _____ Surgical Specialty: _____
Publication Name: _____ Date of Publication: _____
Type: _____ Author: _____

5. Presentations

Please attach proof of presentations. Note: Presentations must be complete at the time of application closing date.

For Type of Presentation, please select Oral or Poster.

Entry 1

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

Entry 2

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

Entry 3

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

Entry 4

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

Presentations (continued)

Entry 5

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

Entry 6

Title: _____ Surgical Specialty: _____
Name of Meeting: _____ Presentation Date: _____
Type: _____

6. Prizes & Scholarships

*Please attach proof of prizes and scholarships. Only include prizes and scholarships received in the past five (5) years.
For type, please list prize or scholarship.*

Entry 1

Title: _____ Presentation Date: _____
Awarded by: _____ Type: _____

Entry 2

Title: _____ Presentation Date: _____
Awarded by: _____ Type: _____

Entry 3

Title: _____ Presentation Date: _____
Awarded by: _____ Type: _____

Entry 4

Title: _____ Presentation Date: _____
Awarded by: _____ Type: _____

7. Leadership, Community & Administration

Please attach proof of leadership, community, and administration appointments (e.g. Committee appointments) that verify activities and time commitment (including dates and hours per week). Only include positions from the past five (5) years that occurred for a period of six (6) continuous months or more by the time of applications, and for a minimum of one (1) hour per week on average.

Entry 1

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

Entry 2

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

Entry 3

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

Entry 4

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

Entry 5

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

Entry 6

Date Commenced:	_____	Position:	_____	Organisation:	_____
Date Ended:	_____	Description of involvement:			
Hours per week:	_____				

8. Referees

Please enter details for four (4) referees. By listing referees, you confirm that the nominated persons have agreed to act as referees. **Your current supervisor must be one of your referees.** Please indicate below which of your referees is your current Supervisor. BreastSurgANZ may contact your current supervisor even if that person is not listed as a referee.

Referee 1

First Name: _____ Mobile: _____
Surname: _____ Email: _____
Hospital: _____ Position: _____

Referee 2

First Name: _____ Mobile: _____
Surname: _____ Email: _____
Hospital: _____ Position: _____

Referee 3

First Name: _____ Mobile: _____
Surname: _____ Email: _____
Hospital: _____ Position: _____

Referee 4

First Name: _____ Mobile: _____
Surname: _____ Email: _____
Hospital: _____ Position: _____

10. Terms & Conditions

Please read the following carefully. By submitting this Application, you agree to the terms and conditions detailed below, and acknowledge other matters disclosed in the PFT Application documentation.

1. I understand that this Application cannot be updated or altered once it has been submitted to BreastSurgANZ; this includes position preferences and nominated referees.
2. I agree to the information provided in this Application, including my personal information being disclosed to third parties, to provide administration and organisational support to the BreastSurgANZ PFT Program.
3. I understand that if I fail to provide further information where reasonably requested, my Application will be unable to proceed.
4. I understand that should any of the information submitted on or with this Application be found to be false, this Application will be deemed invalid and I may be disqualified from further applications to the BreastSurgANZ PFT Program.
5. I acknowledge that BreastSurgANZ will be required to verify the information provided in this Application and gather additional information in order to process the Application. I consent to such information, including personal information, as reasonably required, being collected, used, and disclosed to BreastSurgANZ and third parties for the purposes of this Application.
6. I acknowledge that acceptance into the BreastSurgANZ PFT Program is conditional upon evidence of successful completion of the Surgical Education & Training (SET) Program requirements for General Surgery at the time.
7. I acknowledge that Personal Information is maintained by BreastSurgANZ in accordance with Privacy Law.
8. I acknowledge that BreastSurgANZ provides no guarantee of employment following successful completion of the PFT Program.
9. I understand that all trainees must re-apply for a second-year position. Ongoing participation in the BreastSurgANZ PFT Program is subject to successful completion of first-year requirements. A trainee's selection for a second-year position will be impacted by the trainee's ranking against other applicants; preferences and availability of positions.

Further information:

If you have any questions please contact enquiries@breastsurganz.org