

1. PERSONAL INFORMATION

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

Surname: _____ Date of Birth: _____

Address: _____

Suburb: _____ State: _____ Country: _____ Post Code: _____

Email: _____ Mobile: _____

OTHER INTERESTS

<input type="checkbox"/>	Surgical Oncology	<input type="checkbox"/>	Melanoma	<input type="checkbox"/>	Endocrine	<input type="checkbox"/>	Research	<input type="checkbox"/>	Other: <i>please specify</i>
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FRACS

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If YES - year Fellowship Awarded
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If you have not yet been awarded FRACS please indicate when you anticipate this occurring: _____

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: _____

2. SURGICAL ROTATION OR HOSPITAL APPOINTMENT ... continued

Entry 5

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

Hospital: _____ Specialty: _____

Entry 6

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

Hospital: _____ Specialty: _____

3. HIGHER DEGREE & 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		Date Awarded	

Entry 2

Qualification:			
Qualification Name		Date Awarded	

Entry 3

Qualification:			
Qualification Name		Date Awarded	

Entry 4

Qualification:			
Qualification Name		Date Awarded	

4. PUBLICATIONS

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

Please only list publications from the past **four years.**

Entry 1

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author	

4. PUBLICATIONS ... *continued*

Entry 2

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author	

Entry 3

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author	

Entry 4

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author	

Entry 5

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author	

5. PRESENTATIONS

Please attach proof of presentations. Note: Presentations must be complete at the time of application closing date and must have been completed within the past **four years**.

Entry 1

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type			

Entry 2

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type			

5. PRESENTATIONS ... continued

Entry 3

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type			

Entry 4

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type			

Entry 5

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type			

6. PRIZES AND SCHOLARSHIPS

Please attach proof of prizes and scholarships.

Entry 1

Title:			
Awarded by			
Type:		Presentation Date	

Entry 2

Title:			
Awarded by			
Type:		Presentation Date	

Entry 3

Title:			
Awarded by			
Type:		Presentation Date	

Entry 4

Title:			
Awarded by			
Type:		Presentation Date	

7. LEADERSHIP, COMMUNITY AND 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 **four 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		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

Entry 2

Date commenced		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

Entry 3

Date commenced		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

Entry 4

Date commenced		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

Entry 5

Date commenced		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

Entry 6

Date commenced		Date ended		Hours per week	
Position				Organisation	
Description of involvement					

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.

We will contact all four of your nominated referees. Please refer to the Selection Guidelines regarding who you should be providing as referees.

Referee 1

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 2

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 3

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 4

First Name		Surname	
Hospital		Position	
Mobile		Email	

9. INTERSTATE AND INTERNATIONAL TRAVEL

The BreastSurgANZ Post Fellowship Training (PFT) Program is a two (2) year program. Successful completion of both years is required to successfully complete the Program and be approved for accreditation as a Full member of BreastSurgANZ.

The BreastSurgANZ PFT Program is conducted in Australia and New Zealand. Successful applicants must accept that it is highly likely that all or part of your training will be in one or both countries.

Exceptions to Australian or New Zealand placements will only be considered in exceptional circumstances such as ill health requiring treatment or extenuating personal circumstances.

Any candidate who is unable or unwilling to travel within Australia or to New Zealand as part of a BreastSurgANZ PFT Program placement should advise BreastSurgANZ at the time of application (see below) to allow adequate time for these circumstances to be considered. It is not possible for changes to be made once allocations and offers have been made.

Centralised Application and Allocation to Accredited Training Position

BreastSurgANZ conducts a centralised application and allocation process for the PFT Program.

All successful offers of training are made via the centralised application process with ***no exception***.

Training Supervisors are not permitted to make an offer or 'promise' a position to a candidate on the BreastSurgANZ PFT Program. If an offer has been made to a candidate from a Hospital Supervisor prior to completion of the centralised application and allocation process that information should be immediately provided to BreastSurgANZ. Any such offers are considered 'null and void' and will not form part of the centralised assessment and allocation process.

The centralised application and allocation process ranks candidates from highest to lowest score following assessment of a candidate's curriculum vitae (CV), referee reports and interview which are weighted 30%, 30% and 40% respectively.

Prior to interview, all candidates will be asked to preference ***all*** available positions from first to last for the training year for which you are applying (PFT 1 or PFT 2). Successful candidates will be allocated a hospital position based on their final assessment score and the way in which they have preferenced available positions.

Positions are allocated starting with the highest ranked candidate through to the lowest ranked candidate.

It is expected that any candidate who is successful in being offered a position on the BreastSurgANZ training program are, by signing this application form, agreeing to accept any position which they are offered.

No changes to allocations will be considered once the centralised assessment and allocation process has been completed.

Refusal of an allocated position (unless due to exceptional circumstances) will result in your deferral or a ban on future applications to the BreastSurgANZ PFT Program can be made.

1. I confirm I understand the BreastSurgANZ PFT Program centralised application and allocation process. (Please type Yes to confirm or No to decline)	
2. I confirm I am willing and able to travel interstate within Australia or to New Zealand accept a position if I am successful in obtaining a position on the Program in 2023. (Please type Yes to confirm or No to decline)	
3. I confirm, that should I be successful in my application for a position on the 2023 BreastSurgANZ Post Fellowship Program I will accept whichever position I am allocated (Please type Yes to confirm or No to decline)	
If you have answered NO to questions 2 or 3 above, please provide further details as to why you are unable to travel interstate within Australia or to New Zealand.	

10. TERMS AND 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, who 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 to process the Application. I consent to such information, including personal information, as is 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.

I acknowledge and agree to the terms and conditions of the BreastSurgANZ PFT Program as outlined above. I certify that the information in this Application Form, including attachments, provided is true and correct.

Full Name:

Signature:

Date:

Contact:

E: enquiries@breastsurganz.org