

## Selection Application Form

### Instructions

- The BreastSurgANZ Post Fellowship Training Selection Application Form should be completed in conjunction with the BreastSurgANZ Post Fellowship Training (PFT) Program in Breast Surgery Selection Guidelines (the Selection Guidelines).
- The Selection Guidelines details what information should be provided and what, if any, supporting documentation should also be provided to support the information on the Application Form.
- If there is insufficient space on the Selection Application Form to provide information that meets Selection Guidelines requirements, please provide that information as an addendum to the Application form. Please only provide the information requested on Application form.
- No changes to your application can be made following submission so we would encourage ALL applicants to read both the BreastSurgANZ PFT in Breast Surgery Selection Guidelines and the BreastSurgANZ PFT Program Handbook carefully prior to submitting your application.
- It is important that the Application Form and ALL supporting documentation be provided in **PDF format**. Documents not provided in PDF format will not be accepted.
- Please ensure your completed Application Form and all supporting documentation pertaining to this application form are collated when submitted.
- All enquiries pertaining to completion of the Application form must be emailed to [training@breastsurganz.org](mailto:training@breastsurganz.org)
- **Please do not submit this page with your completed Application.**

**1. PERSONAL INFORMATION**

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_ GENDER: \_\_\_\_\_

RACS ID Number: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ COUNTRY: \_\_\_\_\_ POST CODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ MOBILE: \_\_\_\_\_

**OTHER INTERESTS (please tick)**

<input type="checkbox"/>	<b>Surgical Oncology</b>	<input type="checkbox"/>	<b>Endocrine</b>
<input type="checkbox"/>	<b>Melanoma</b>	<input type="checkbox"/>	<b>Research</b>
Other (please specify)			

**FRACS**

<b>Do you have your FRACS</b> Please tick	<input type="checkbox"/>	<b>YES</b>	<b>Year awarded</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>Have you passed the Fellowship Exam</b>	<input type="checkbox"/>	<b>YES</b>	<b>Year passed</b>	<input type="checkbox"/>	<b>NO</b>	<input type="checkbox"/>
<b>When will you be sitting the Fellowship Exam?</b>						

Applicants must be able to show evidence of having passed the Royal Australasian College of Surgeons Fellowship exam by the conclusion of the referee check period, the dates for which can be found on the BreastSurgANZ website ([breastsurganz.org/post-fellowship-training](http://breastsurganz.org/post-fellowship-training)). Candidates who have not passed the exam by this date will be ineligible for selection.

**2. SURGICAL EXPERIENCE**

Please enter details of unaccredited breast or general surgery fellowship training. Australian and international training will be scored. Please provide evidence of completion.

**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: \_\_\_\_\_

### 3. HIGHER DEGREE & RESEARCH

**PLEASE ATTACH PROOF** of either Masters by coursework or thesis, PhD, or Doctor of Medicine, or equivalent. All documents **MUST** be provided in PDF format. If proof of completion is not provided this aspect of your application will not be assessed.

**Note:** Higher degrees must be awarded by the time of application.

#### Entry 1

Qualification:			
Institution		Date Awarded	

#### Entry 2

Qualification:			
Institution		Date Awarded	

#### Entry 3

Qualification:			
Institution		Date Awarded	

### 4. PUBLICATIONS

**Please attach proof of publications or evidence clearly stating acceptance for publication and publication date.** Please only list publications from the **past four years**. If proof of publication is not provided this aspect of your application will not be assessed.

**Note:** Publications must be published or accepted for publishing at the time of application closing date.

#### Entry 1

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author (1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

#### Entry 2

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author (1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

#### Entry 3

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author (1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

#### 4. PUBLICATIONS ... *continued*

##### Entry 4

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author (1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

##### Entry 5

Title:			
Publication Name			
Surgical Specialty		Date of Publication	
Type		Author (1 <sup>st</sup> , 2 <sup>nd</sup> etc.)	

#### 5. PRESENTATIONS

Please attach proof of presentations. 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		Author	

##### Entry 2

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type		Author	

##### Entry 3

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type		Author	

##### Entry 4

Title:			
Surgical Specialty			
Name of Meeting		Presentation Date	
Type		Author	

## 6. PRIZES AND SCHOLARSHIPS

Please attach proof of prizes and scholarships. Only include prizes and scholarships **received in the past four years**.

### Entry 1

Title:			
Awarded by			
Type:		Presentation Date	

### Entry 2

Title:			
Awarded by			
Type:		Presentation Date	

### Entry 3

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. Only roles in the medical field will be scored.

### 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					

## 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. TRAVEL TO/WITHIN AUSTRALIA AND NEW ZEALAND

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 travel interstate within Australia and/or to/from New Zealand will be a requirement of training.

Exceptions to travelling within Australia and/or to/from New Zealand will not be granted.

**Any candidate who is unable to travel within Australia or to/from New Zealand for one or both years of training on the BreastSurgANZ PFT Program is ineligible to apply for a position on the program.**

### 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 despite where they have ranked the position.

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

**Refusal of an allocated position** will result in a penalty of a two-year exclusion from re-applying to the BreastSurgANZ PFT Program.

1. I confirm I understand and accept the BreastSurgANZ PFT Program centralised application and allocation process. Please type/write YES to indicate your understanding and acceptance or NO to decline.	
2. I confirm, that should I be successful in my application for a position on the BreastSurgANZ Post Fellowship Program I will accept whichever position I am allocated within Australia and/or New Zealand. Please type/write YES to confirm or NO to decline	

If you have refused to accept either condition listed above, your application will not be accepted for selection.

## 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 form cannot be updated or altered once it has been submitted to BreastSurgANZ.
2. I understand BreastSurgANZ reserves the right to decline and remove my application from the selection process if I am unable/unwilling to travel anywhere within Australia or New Zealand to accept an allocated accredited training position.
3. I understand BreastSurgANZ reserves the right to decline and remove my application from the selection process if I have not passed the General Surgery Fellowship Exam at the time of my application to the program.
4. I understand BreastSurgANZ reserves the right to decline and remove my application from the selection process if I have not provided evidence of having successfully completed all SET training prerequisites including all mandatory courses, SEAMs and research requirements.at the time of application for a position on the BreastSurgANZ Post Fellowship Training Program.
5. I understand BreastSurgANZ reserves the right to request from me evidence of having completed all SET training requirements at the time of or during the selection process and that a failure to provide this evidence in the timeframe allocated by BreastSurgANZ will result in my application being removed from the selection process.
6. I understand that if I fail to provide further information where reasonably requested, my application will be withdrawn from selection.
7. 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.
8. 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.
9. I acknowledge that Personal Information is maintained by BreastSurgANZ in accordance with Privacy Law.
10. I acknowledge that BreastSurgANZ provides no guarantee of employment following successful completion of the PFT Program.
11. 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.
12. I agree to abide, at all times, by the BreastSurgANZ Code of Conduct.

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:**