

# ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

## Fellowship Application Form for Surgical Trainees / IMGs



### SECTION 1 – TO BE COMPLETED BY SURGICAL TRAINEE / IMG

1. **SURNAME:** .....  
(TO BE RECORDED ON CERTIFICATE)
- GIVEN NAMES:** .....  
(TO BE RECORDED ON CERTIFICATE)
- COLLEGE ID NUMBER:** .....
2. **ADDRESS:** .....
- .....
- ..... **POSTCODE:** .....
3. **SPECIALTY:** .....
4. **END OF TRAINING AND/OR** ..... / ..... / .....  
**CLINICAL ASSESSMENT PERIOD** (DAY) (MONTH) (YEAR)
5. **SIGNATURE:** .....
- DATE SIGNED:** ..... / ..... / .....  
(DAY) (MONTH) (YEAR)
- DATE OF BIRTH:** ..... / ..... / .....  
(DAY) (MONTH) (YEAR)

### SECTION 2 – TO BE COMPLETED BY SURGICAL SUPERVISOR OR DEPUTY (SURGICAL TRAINEE / IMG TO ARRANGE COMPLETION OF SECTION 2 AND RETURN TO THE COLLEGE)

**GIVEN NAME:** ..... **SURNAME:** .....  
(BLOCK LETTERS) (SURGICAL SUPERVISOR OR DEPUTY)

I hereby declare that the above trainee is scheduled to complete Surgical Training Rotations on the above date and that his/her Training Rotation to date has been satisfactory.

**SIGNATURE:** ..... **DATE:** .....

### SECTION 3 IF SURGICAL TRAINEE - TO BE COMPLETED BY REGIONAL SUBCOMMITTEE CHAIR IF IMG – TO BE COMPLETED BY IMG REPRESENTATIVE or SPECIALTY BOARD CHAIR

**NOTE: Only Applies To Surgical Trainees in the following specialties: Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Urology**

**GIVEN NAME:** ..... **SURNAME:** .....  
(BLOCK LETTERS) (REGIONAL SUBCOMMITTEE CHAIR OR DEPUTY /  
IMG REPRESENTATIVE OR SPECIALTY BOARD CHAIR)

I hereby declare that the above trainee / IMG is scheduled to complete all Surgical Education and Training / Clinical Assessment requirements on the above date and that his/her training/ clinical period to date has been satisfactory.

**SIGNATURE:** ..... **DATE:** .....

**PLEASE RETURN TO:** Administration Officer, Surgical Training Department  
Email: set.board@surgeons.org  
Royal Australasian College of Surgeons, 250-290 Spring Street East Melbourne VIC 3002 Australia

### OFFICE USE ONLY

- Date received from Trainee/IMG: ..... / ..... / .....
- By Examination – Expedited: Date training to be completed: ..... / ..... / .....
- By Examination – Standard: Date training or oversight completed: ..... / ..... / .....
- By Assessment – Standard (completed training/oversight and/or examination requirements) ..... / ..... / .....
- By Assessment – Endorsed (Fellow completing training in a 2<sup>nd</sup> specialty) ..... / ..... / .....

#### APPROVAL CHECKLIST:

- Specialty Board Chair approval Checked by Specialty Executive Officer Signed: ..... Date: ..... / ..... / .....
- Approved by Specialty Board Chair Date: ..... / ..... / .....  Copy of email approval attached
- Received by BSET Executive Officer Date: ..... / ..... / .....
- Approved by Education Board Executive Date: ..... / ..... / .....  Copy of email approval attached
- FELL-APP activity generated in iMIS, including EB Approval Date and End of Training Date both entered
- Signed out by Director, Education and Training Administration Signed: ..... Date: ..... / ..... / .....
- Reviewed by Membership Officer, Fellowship Services Signed: ..... Date: ..... / ..... / .....
- File received by Director, Fellowship & Standards Signed: ..... Date: ..... / ..... / .....