

## Fellowship Application Form

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### SECTION 1 To be completed by surgical Trainee/SIMG

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#### PERSONAL DETAILS

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College ID

First name

Middle name/s

Surname

Date of birth (DD / MM / YYYY)

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#### APPLICATION DETAILS

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Application Type

Standard<sup>①</sup>

Expedited<sup>①</sup>

End of training and/or clinical assessment period (DD / MM / YYYY)

Specialty

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**Signature**

**Date**

(DD / MM / YYYY)

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### SECTION 2 To be completed by surgical supervisor or deputy supervisor/SIMG

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**Given Names:**

**Surname:**

(SURGICAL SUPERVISOR OR DEPUTY)

*I hereby declare that the above Trainee/SIMG has completed or is scheduled to complete all surgical education and training/clinical assessment requirements as outlined in the RACS Admission to Fellowship Regulation on the above date.*

**Signature**

**Date**

(DD / MM / YYYY)

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### SECTION 3 If SIMG - To be completed by SIMG Representative or Specialty Committee/Board Chair If Trainee - To be completed by Regional Subcommittee Chair

(NOTE: Only applies To Surgical Trainees in the following specialties: Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Urology)

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**Given Names:**

**Surname:**

(REGIONAL SUBCOMMITTEE CHAIR OR DEPUTY/SIMG REPRESENTATIVE OR SPECIALTY COMMITTEE/  
BOARD CHAIR)

*I hereby declare that the above Trainee/SIMG has completed or is scheduled to complete all surgical education and training/clinical assessment requirements as outlined in the RACS Admission to Fellowship Regulation on the above date.*

**Signature**

**Date**

(DD / MM / YYYY)

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#### PLEASE RETURN COMPLETED FORM TO

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For more information, please visit [Admission to Fellowship | RACS \(surgeons.org\)](https://surgeons.org)  
Email: [completionoftraining@surgeons.org](mailto:completionoftraining@surgeons.org)

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