

# 2026 Application for Selection Form User Guide

2027 Intake

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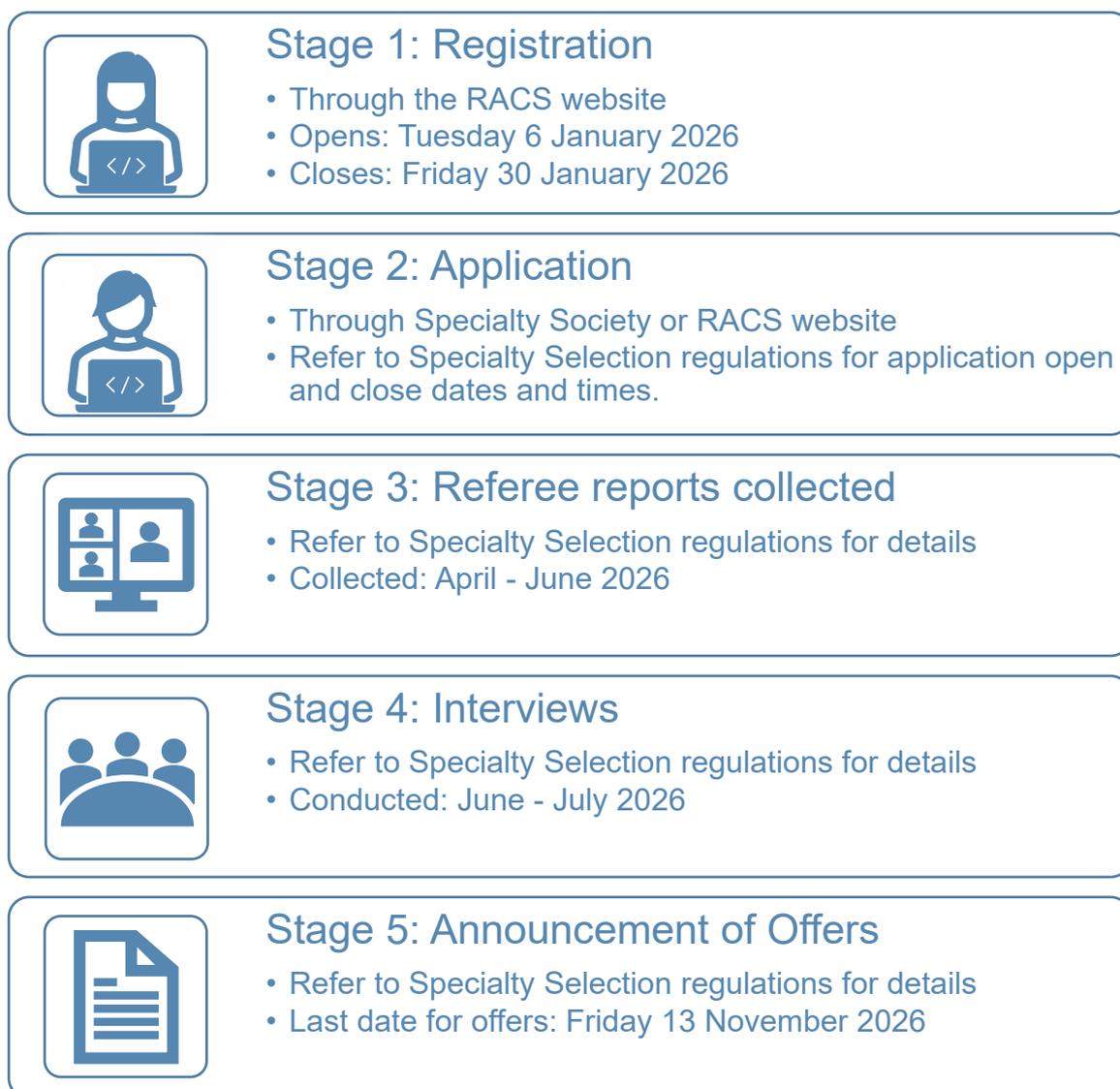
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## Overview of Selection to SET

Selection to the Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) program occurs annually.

There are five stages in the selection process:



This document is a guide to **Stage 2** (Application) of the Selection to SET process for specialties which use the RACS online application form.

1. Cardiothoracic Surgery
2. Otolaryngology, Head & Neck Surgery (Aotearoa New Zealand)
3. Paediatric Surgery
4. Plastic & Reconstructive Surgery (Aotearoa New Zealand)

**For any questions about specialty specific requirements please contact the relevant specialty training committee/ board via their email address new**

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<b>Cardiothoracic Surgery</b>	<a href="mailto:Cardiothoracic.Surgery@surgeons.org">Cardiothoracic.Surgery@surgeons.org</a>
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<b>Otolaryngology, Head &amp; Neck Surgery (Aotearoa New Zealand)</b>	<a href="mailto:nzohns.set@surgeons.org">nzohns.set@surgeons.org</a>
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<b>Paediatric Surgery</b>	<a href="mailto:Committee.PaediatricSurgery@surgeons.org">Committee.PaediatricSurgery@surgeons.org</a>
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<b>Plastic &amp; Reconstructive Surgery (Aotearoa New Zealand)</b>	<a href="mailto:training@plasticsurgery.org.nz">training@plasticsurgery.org.nz</a>
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**For any questions about the RACS application form itself please contact SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) )**

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Eligible registrants to the following specialties can apply for selection through the specialty societies. For information about how to apply, visit the relevant specialty website(s) below.

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General Surgery (Australia)	<a href="http://www.generalsurgeons.com.au/">www.generalsurgeons.com.au/</a>
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General Surgery (Aotearoa New Zealand)	<a href="http://www.nzags.co.nz/">www.nzags.co.nz/</a>
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Neurosurgery	<a href="http://www.nsa.org.au/">www.nsa.org.au/</a>
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Orthopaedic Surgery (Australia)	<a href="http://www.aoa.org.au/">www.aoa.org.au/</a>
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Orthopaedic Surgery (Aotearoa New Zealand)	<a href="http://www.nzoa.org.nz/">www.nzoa.org.nz/</a>
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Otolaryngology, Head & Neck Surgery (Australia)	<a href="http://www.asohns.org.au/">www.asohns.org.au/</a>
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Plastic and Reconstructive Surgery (Australia)	<a href="http://www.plasticsurgery.org.au/">www.plasticsurgery.org.au/</a>
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Urology	<a href="http://www.usanz.org.au/">www.usanz.org.au/</a>
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Vascular Surgery	<a href="http://www.anzsvs.org.au/">www.anzsvs.org.au/</a>
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## General Information

Selection to the RACS Surgical Education and Training (SET) program occurs annually. Eligibility to apply was assessed during registration for selection to the SET program (between 6 January and 30 January 2026).

If you wish to apply in 2026 for entry to the SET program in 2027, you **must** have registered for selection between 6 January and 30 January 2026. To submit an application you must have received an email confirming your eligibility.

### Application Dates

#### 2026 SET SELECTION APPLICATION

##### CARDIOTHORACIC SURGERY

- **Opens:** 12:00 noon (AEDT) Wednesday 18 February 2026
- **Closes:** 12:00 noon (AEDT) Thursday 26 March 2026

##### OTOLARYNGOLOGY, HEAD & NECK SURGERY (Aotearoa New Zealand)

- **Opens:** 14:00 NZDT (12:00 noon AEDT) Wednesday 18 February 2026
- **Closes:** 19:00 NZST (17:00 AEST) Thursday 26 March 2026

##### PAEDIATRIC SURGERY

- **Opens:** 12:00 noon (AEDT) Wednesday 18 February 2026
- **Closes:** 12:00 noon (AEDT) Thursday 12 March 2026

##### PLASTIC & RECONSTRUCTIVE SURGERY (Aotearoa New Zealand)

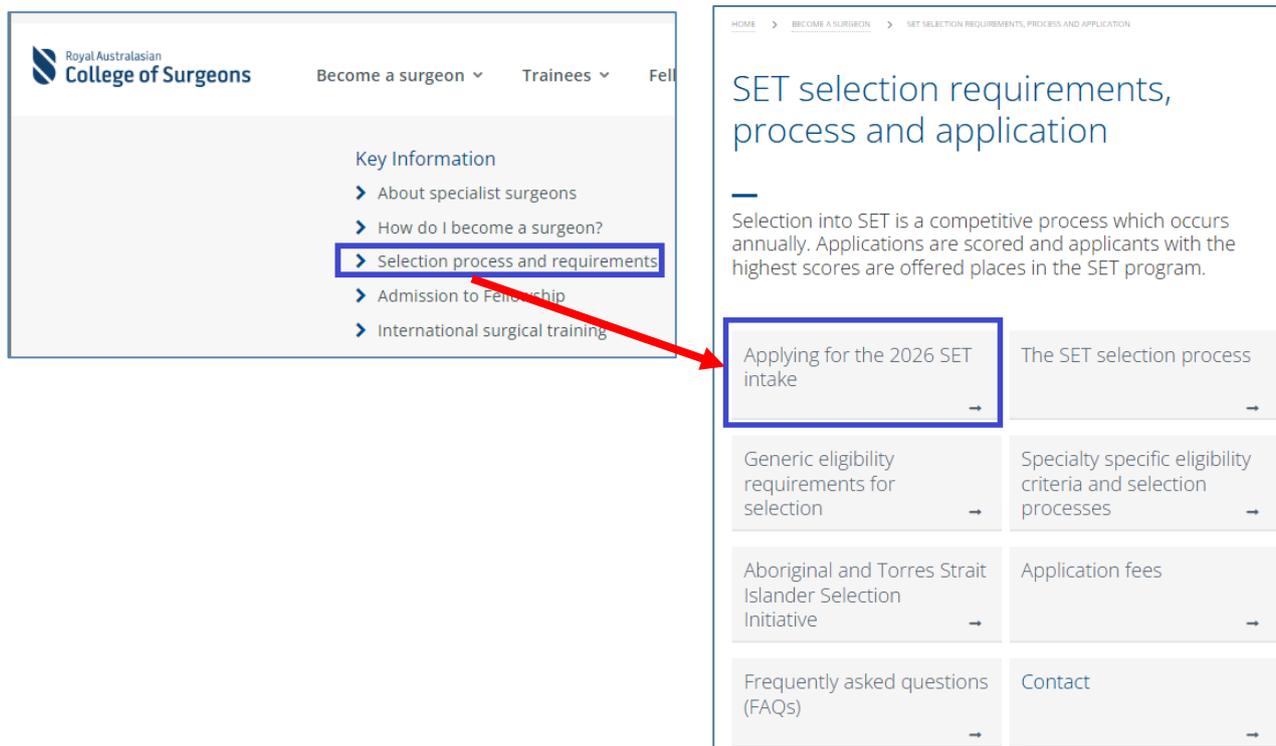
- **Opens:** 14:00 NZDT (12:00 noon AEDT) Wednesday 18 February 2026
- **Closes:** 14:00 NZDT (12:00 noon AEDT) Thursday 26 March 2026

**You must complete your application, including payment of the application fee prior to the relevant application closing deadline. There are strictly no extensions to this deadline regardless of any circumstances.**

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## Accessing the Application Form

While applications for SET selection are open, the online form is available on the RACS website on the [Applying for the 2027 SET intake](#) webpage.



[APPLY FOR SET SELECTION](#)

To access the form, click on the *Apply for SET Selection* button and enter your RACS login details. These are the same username and password that you used to register for 2026 SET selection.

If you can't remember your details, try:

- resetting your [password](#))
- retrieving your [username](#)

**If you experience any technical difficulties while completing the application form, email SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org)).**

**Please include relevant screenshots as well as a detailed explanation of what happened (including any errors which were generated).**

**Error messages can be captured by:**

- Press the Print Screen [PrtScn] button on the keyboard to copy the error message that appears on the screen
- Paste the error message into your email

The RACS server saves all form information (including documents you upload as supporting evidence) as you progress through your application. You can complete your application over several sessions if needed.

You can navigate to different sections of the form by selecting the section headings on the left-hand side of the screen.

**Important:**

**Please make sure you allow enough time to complete and submit your application.**

Even if you have started your application, you will **not** be able to submit it after the deadline. **There are strictly no extensions to the deadline.**

We strongly recommend that you check your application before submitting as **once you have submitted your application and made payment no changes can be made.**

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## Fees

You will be charged a non-refundable application processing fee for each specialty you apply to.

The 2026 fees are:

Speciality	Country / Countries	Fee
Cardiothoracic Surgery	Australia / Aotearoa New Zealand	AUD \$920.00 (GST-exempt)
Paediatric Surgery	Australia / Aotearoa New Zealand	AUD \$920.00 (GST-exempt)
Otolaryngology, Head and Neck Surgery – Aotearoa New Zealand	Aotearoa New Zealand	NZD \$1,135.00 (incl GST)
Plastic and Reconstructive Surgery – Aotearoa New Zealand	Aotearoa New Zealand	NZD \$1,380.00 (incl GST)

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## Other Resources

We recommend that you read the following policies as well as the selection requirements for all specialties you are applying to.

Policy: [Registration and Selection to Surgical Education and Training](#)

Policy: [Aboriginal and Torres Strait Island Surgical Trainee Selection Initiative](#)

### Specialty Specific eligibility requirements (including Regulations):

- [Cardiothoracic Surgery](#)
- [Otolaryngology Head and Neck Surgery – Aotearoa New Zealand](#)
- [Paediatric Surgery](#)
- [Plastic and Reconstructive Surgery – Aotearoa New Zealand](#)

### Important:

**Please make sure all documentary evidence you upload to support your application meets the requirements specified in the selection regulations.**

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If you have any difficulties with completing the selection application form, email SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org)).

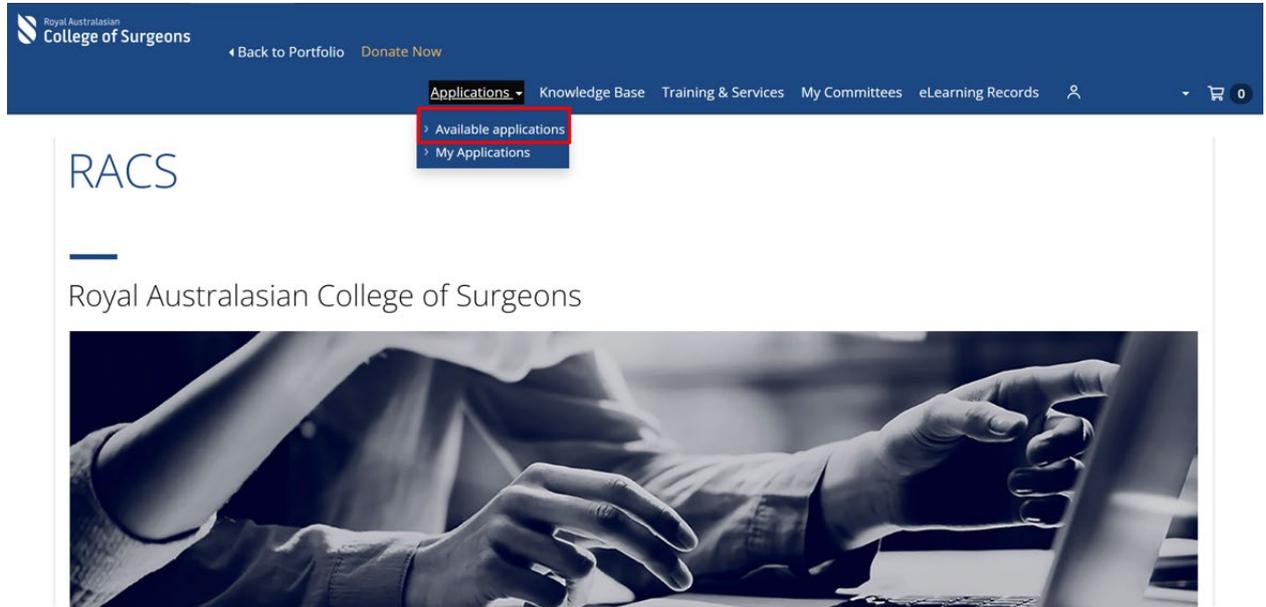
Please include screenshots as well as details of what happened when the error was generated

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# Form navigation

To access the application to SET form, you can either access the form through your eHub or click on the online application button at the top of this webpage: [Applying for the 2027 SET intake | RACS](#)

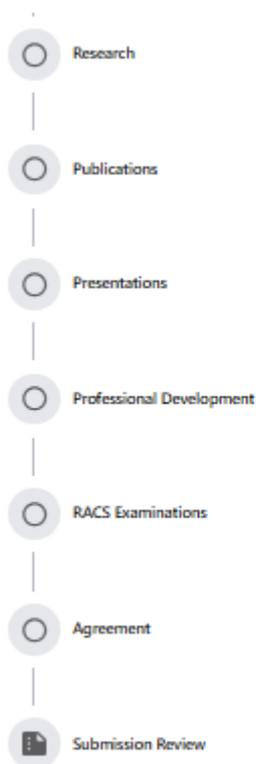


You can complete this form at your convenience. All information you enter in fields, and the documents you upload are saved on the RACS server as you progress so you can complete this form over several sessions if necessary.

You can navigate to the different sections of the form either by clicking on the relevant section on the left-hand side of the page, or by using the *Back* and *Next* buttons at the bottom of the page.

Mandatory fields are marked with a red asterisk. If any of these are missing, the Submission Review page will notify you to complete these fields. Your Application won't be able to be submitted without the mandatory information.

All submitted information can be checked and reviewed before submission on the Submission Review page.



You can click between these headings to progress through the form in an ad-hoc fashion.



Or you can click save & next to go through the form methodically.

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## Supporting documents

Some sections of the form require mandatory documentary evidence to be uploaded.

Uploaded documents must be:

- Adobe Portable Document Format (\*.pdf) OR JPEG File interchange Format (\*.jpg).
- less than 2MB in size

**Documents must *not* be password protected.**

**Forms containing password protected document(s) become corrupted and may not contain all information entered or uploaded when they are submitted.**

**See next page for how to identify if a PDF (the most common document which causes errors) is password protected**

We recommend that you ***check all documents before uploading them*** to ensure that they can be uploaded and will not cause any issues.

**You will not be able to submit your registration until all required documents have been uploaded.** RACS is unable to assist with scanning or converting documents to the correct format.

**You will not be able to submit your registration until all required documents have been uploaded.**

If there is mandatory information missing, the submission review page will show how many required fields still require attention.

### Submission Review

Please review all your responses below. You can edit any section by clicking the edit icon.

 Completion Status  0 of 22 fields completed (0%)  0 of 9 required fields completed

You can then scroll down and review section by section where you have outstanding fields or have yet to provide a required document.

#### Additional Documents (Cardiothoracic Surgery)

**Additional Documents (Cardiothoracic Surgery)**  Edit

<p>Procedural Skills in Cardiothoracic Surgery (Logbook)*</p> <p><i>Not provided</i></p>	<p>Unit Based Competency Assessment *</p> <p><i>Not provided</i></p>	<p>Mandatory Courses - eLearning modules*</p> <p><i>Not provided</i></p>
<p>Involvement in Te Ao Māori</p> <p><i>Not provided</i></p>	<p>Rurality</p> <p><i>Not provided</i></p>	

To upload a document, simply click to browse or drag and drop your file into the box shown.

#### Additional Documents (Cardiothoracic Surgery)

##### Procedural Skills in Cardiothoracic Surgery (Logbook)\*

Applicants must provide evidence of meeting minimum cardiothoracic procedural experience as specified in the specialty regulations with their online application. Evidence must be submitted as a summary logbook or spreadsheet signed by the Supervisor of Training and/or Head of Unit where these procedures were performed. If the procedures were performed in separate hospital units, applicants must obtain signatures from the Supervisor of Training and/or Head of Unit at each of these hospitals.

All cases must have been performed in the seven (7) year period between 1 January 2018 and 31 January 2025.

The use of the MALT logbook summary report will be preferred.

Please refer to section 7.2.6 of the Cardiothoracic Selection Regulations for the minimum procedure numbers required for submission.

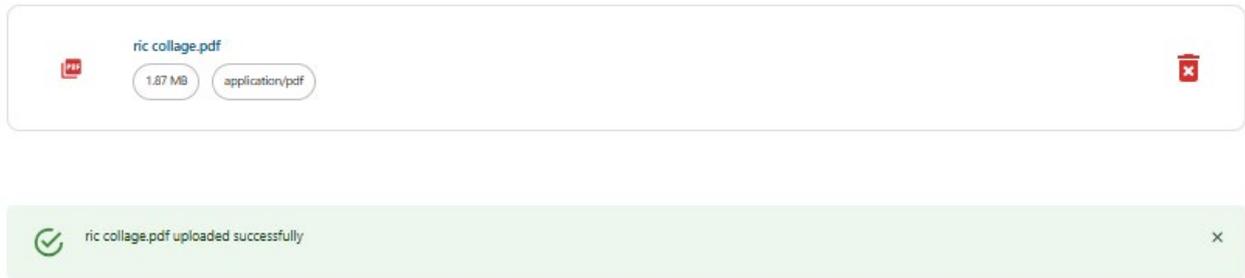


Drag and drop files here

or click to browse

Allowed: pdf, jpg, png

Once your file is successfully uploaded, it should appear as below with an 'uploaded successfully' message. Should this not appear, or should you encounter an error, please try again ensuring that the file meets the requirements stipulated above.



**Important:**

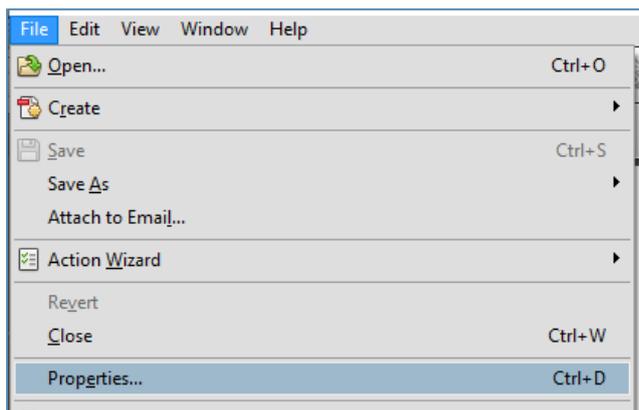
**DO NOT attempt to continue with your form until you have removed the document that is unable to be uploaded. This can corrupt the application form if it is not removed.**

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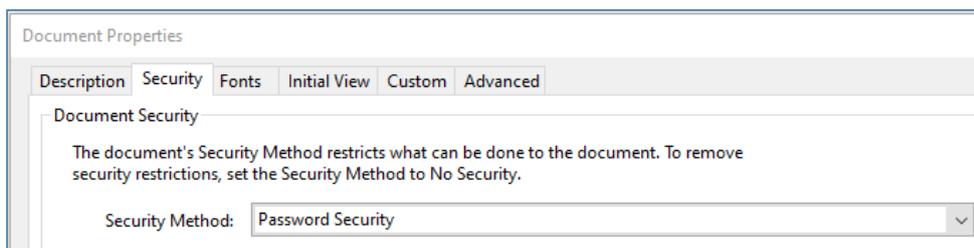
## Identifying if a PDF is password protected

PDFs (especially certificates) are the most common documents which will be protected with a password.

Open the PDF and navigate to the *File* menu. Select *Properties*.



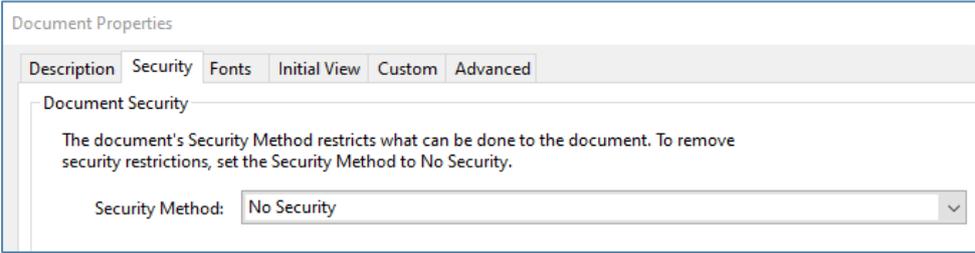
Open the *Security* tab.



If the security method indicates 'password security', the document is password protected.

You will need to print and scan the document to obtain an unprotected copy. The new copy should be able to be uploaded without difficulty.

Note: printing to pdf is sufficient most of the time, so please try this before printing and scanning a paper copy.



If the security method displays as *No Security*, the PDF is not password protected and you can upload the document as evidence.

# Online Application Form – notes for individual pages

## Personal Details

After accessing the application form and logging into your RACS account, the application form will show your contact details that are currently on record with RACS.

[Home](#) > [Applications](#) > SET Application - Confirm your details

## SET Application - Confirm your details

### Personal Details

<b>RACS ID</b> <input type="text" value="—"/>	<b>Gender</b> <input type="text" value="Male"/>
<b>Prefix</b> <input type="text" value="Dr"/>	<b>Mobile Phone</b> <input type="text" value="Provide a telephone number"/>
<b>First Name</b> <input type="text" value="tmp1"/>	<b>Primary Email</b> <input type="text" value="tmp1.setpla@racs.org"/>
<b>Middle Name</b> <input type="text"/>	<b>Country Of Birth</b> <input type="text" value="—"/>
<b>Last Name</b> <input type="text" value="setpla"/>	
<b>Preferred Name</b> <input type="text"/>	

### Address

[ADD ADDRESS](#)

Address Type	Street 1	Street 2	Suburb / City	Postcode	State	Country	Billing	Mailing	Shipping	
Work Practice Address	250-290 Spring St		EAST MELBOURNE	3002	VIC	Australia	No	No	No	
Residential Address	55 Junction Road		Foxton	8012		New Zealand	Yes	Yes	Yes	

[NEXT](#)

**Check** that the listed email address and phone number will be active during business hours for the entire selection period.

If any details are not correct, please update your details.

If you have difficulty updating your details, email [SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) and ask for assistance.

Phone numbers should be entered in the format:

+<Country code> <region code> <number>

*Examples:*

+61 3 9249 1200

+61 435 123 456

+64 21 123 456

In general, if you enter your phone number, the registration form will format it for you.

## Application Information

### Surgical Education and Training Program Application

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#### Applicant Commencement Information

Prior to commencing your application, please read the RACS policy below and website information on specialty training and selection.

- [Selection to Surgical Education and Training](#)
- [Guide to Application for Selection to SET Form](#)
- [Specialty Selection Regulations](#)

**Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.**

Please familiarise yourself with the RACS policies and regulations contained in the first page.

## Disclosure

### Disclosure

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In the last 10 years, have you been made aware any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA, or any other regulatory health complaints entity in any State of Territory of Australia or in Aotearoa New Zealand relating to your medical practice? \*

- Yes
- No

If you have practiced in other countries, are you aware of any similar notification or complaints made in those countries? \*

- Yes
- No

Are you aware of any other formal complaint being made otherwise in relation to your practice in the last five years? \*

- Yes
- No

Are you aware of any other formal complaint being made otherwise in relation to your practice in the last five years? \*

- Yes
- No

Disclosure supporting documents \*

If you have answered yes to any of the above questions, please upload attachment providing full details.

**NOTE:** Disclosure of any matters will not automatically disqualify you but are relevant to the Committee's assessment of your suitability to the SET Program.



Drag and drop files here  
or click to browse  
Allowed: pdf, jpg, png

Please answer the four questions regarding any possible complaints there may be regarding your practice, uploading supporting evidence if appropriate.

These questions are all mandatory but you only need to upload evidence **if** you answer 'Yes' to any question.

## Preferences

### Preferences

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Select the specialties you have registered for this year and would like to apply to.\*

You will not be able to make any changes to your selection once you have submitted the form

Cardiothoracic Surgery X Otolaryngology Head & Neck Surgery (New Zealand) X Paediatric Surgery X Plastic & Reconstructive Surgery (New Zealand) X ▼

### Deferral and Research\*

If your application is successful do you plan to apply to defer your entry into the SET Program or undertake a period of research during your first year?

Yes

No

Please refer to the [RACS Trainee Registration and Variation Policy](#).

### Geographical Preferences

The following questions allow you to provide your preferences for potential training locations within the SET Program.

Please rank the geographical locations you wish to be considered for in sequential order, with **Preference 1** being your highest preference. It is essential to note that in some cases preferences may be utilised in determining whether you are appointed to the SET Program.

There is no guarantee that your regional preferences will be able to be accommodated if you are successful in your application to the SET program.

Preference 1\*

QLD X ▼

Preference 2\*

WA X ▼

Please then enter your preferences for the specialties you wish to apply to; whether you intend to defer; and your geographical preferences for the location of your training.

**You will not be able to make any changes to your selection once you have submitted the form.**

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**There is no guarantee that your regional preferences will be able to be accommodated if you are successful in your application to the SET program**

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# Preferences – Otolaryngology head and Neck Surgery AoNZ

Garnett Passe and Rodney Williams Foundation Research Program\*

OHN - Australia and New Zealand allows for some candidates to undertake full time research through the Garnett Passe and Rodney Williams Foundation prior to commencing clinical training. For further information on the projects available, please contact <http://www.gprwmf.org.au/>

If you would like to be considered for entry into this program, your contact details will be shared with the Garnett Passe and Rodney Williams Foundation who award the scholarships.

- Yes
- No

Supervising professor details

Research area of interest\*

Title*	Given Name*	Surname*	Referee Position*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Address*	City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country*	Telephone*	Mobile	Facsimile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*	Institution* 		
<input type="text"/>	<input type="text"/>		

Garnett Passe and Rodney Williams Foundation Research Program\*

OHN - Australia and New Zealand allows for some candidates to undertake full time research through the Garnett Passe and Rodney Williams Foundation prior to commencing clinical training. For further information on the projects available, please contact <http://www.gprwmf.org.au/>

If you would like to be considered for entry into this program, your contact details will be shared with the Garnett Passe and Rodney Williams Foundation who award the scholarships.

- Yes
- No

Applicants applying to Otolaryngology, Head and Neck Surgery in Aotearoa New Zealand will be asked if they wish to be considered for entry into this program. If so, you will need to enter your research area of interest and details of your supervising professor.

**Garnett Passe and Rodney Williams Foundation Research Program**

## Qualifications

### Qualifications

Please list below qualifications, excluding your primary medical qualification, which you have completed or are in the process of completing. Do not list qualifications which you have not yet commenced. The documentary evidence attached must be either an academic transcript or certificate of completion from the institution. Do not include membership to associations, societies or medical examinations such as the Australian Medical Council.

Item 1 of 1 ^

Qualification completion date - actual or expected\*

Qualification name\*

Enter either the letters of the qualification you received/will receive (e.g. BSc) or the full degree name (e.g. Bachelor of Science).



Drag and drop files here  
or click to browse  
Allowed: pdf, jpg, png

+ ADD NEW

Please use the next page to upload any qualifications (excluding your primary medical qualification) which you have completed or are in the process of completing.

Please ensure to attach either a transcript or certificate of completion.

+ ADD NEW

You can add multiple qualifications, rotations, publications etc by using the 'add new' button.

## Previous and Current Rotations

### Previous and Current Rotations

Please list below your previous and current rotations. You must list each rotation in each separate discipline as a new record, which means you may have multiple records for a single year. Please list your rotations in date order from earliest to current.

For each previous and current rotation, you are also required to provide referee details related to that rotation. It is your responsibility to notify your referees that they may be contacted during the referee reporting period.

Please refer to the individual Specialty Selection Regulations to determine whether documentary evidence is required for each rotation.

Item 1 of 1 ▲

Postgraduate year (PGY) \* i      Start date \* i      End date \* i      Position \* i

      📅       📅     

Specialty \* i

Time Commitment \*      Hospital name \* i

Is this a mandatory rotation \* i

Yes     No

Has this evidence for this rotation been included in other rotations? \*

Indicate if the evidence for this rotation has been attached in other rotation. If yes, please do not attach again.

Yes     No

Previous/Current Rotation Evidence \*



Drag and drop files here  
or click to browse  
Allowed: .pdf, .jpg, .png

Do you wish to add a referee for this rotation \*

Yes     No

Please enter your current and past rotation information alongside evidence and referee information.

Please note it is your responsibility to notify referees that they may be contacted during the referee reporting period.

**Please make sure you read the relevant referee requirements of the specialty you're applying to before completing this page.**

If you do not provide the required referees for a specialty, you may not proceed further in the selection process.

## Future Rotations

### Future Rotations

Please list below your future rotations

Item 1 of 1

Post Graduate (Year)\* 

Schedule Commencement Date\* 

Schedule Completion Date\* 

Position\* 

Speciality\* 

Time Commitment\* 

Institution Name\* 

Is this a mandatory rotation?\* 

Has this evidence for this rotation been included in other rotations?\* 

Future Rotation Evidence\* 

Drag and drop files here  
or click to browse  
Allowed: pdf, jpg, png

Similar to previous and current rotations, please add your future rotations along with uploading evidential documents. Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.

## Research Supervisors

### Research Supervisors

Please complete below the details for your nominated research supervisors.  
Details of research supervisors that have supervised research projects must be entered on this form prior to completing the Research section of the application.

Item 1 of 1

Title*	Given Name*	Surname*	Research Supervisor Position* 
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Address*	City	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Country*	Telephone*	Mobile	Facsimile
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email*	Institution (Institution where you worked with the referee)*		
<input type="text"/>	<input type="text"/>		

Please enter the details of your research supervisors in the following page. It is your responsibility to notify your research supervisors that they may be contacted. Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.

## Research

### Research

Please complete the Research Supervisors page prior to completing this page indicating details of supervisors for any research projects undertaken.

A maximum of six (6) research projects can be entered as part of your application. Research projects must have commenced prior to the closing date for applications.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate.

Item 1 of 1 ^

Subject of Research* <span>i</span>	Name of Institution* <span>i</span>	Your position at the institution	Time Commitment*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Research Supervisor* <span>i</span>	Commencement Date* <span>i</span>	Completion Date* <span>i</span>	Associated Qualification <span>i</span>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/> <span>📅</span>	<input type="text" value="DD/MM/YYYY"/> <span>📅</span>	<input type="text"/>

Research Evidence\* i

  
Drag and drop files here  
or click to browse  
Allowed: pdf, jpg, png

DELETE

+ ADD NEW

Up to a maximum of six, please enter any research projects undertaken that you wish to be reviewed as part of your application. Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.

**Please make sure you have read the relevant sections of the specialty selection regulations you're applying to before completing the next three pages.**

Publications, Presentations, and Professional Development activities which do not meet requirements or do not have the appropriate supporting evidence will **not** be scored.

# Publications

## Publications

Please list below any publications published, or accepted for publication, in a refereed publication up to a maximum of twenty (20). Do not include published abstracts or publications which have been submitted but not yet accepted for publication.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate and what documents are acceptable evidence.

Please ensure you are aware of the scoring limitations for the specialty you are applying for.

Item 1 of 1 ^

Title of Published Item* <span>i</span>	Name of Publication/Journal* <span>i</span>		
<input type="text"/>	<input type="text"/>		
Publication Type* <span>v</span>	Publication Status* <span>v</span>	Which author were you?* <span>v</span>	Publication / Acceptance Date* <span>i</span>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/> <span>📅</span>
Publication Evidence* <span>v</span>			
<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: 0 auto;"><p>Drag and drop files here or click to browse Allowed: pdf, jpg, png</p></div>			
<input type="button" value="DELETE"/>			

Up to a maximum of twenty, please include any publications you wish to form part of this application. Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.

Please do not include oral or poster presentations, as these are covered in the next section.

# Presentations

## Presentations

Please list below any presentations you have personally given, up to a maximum of twenty (20). Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate and what documents are required as evidence. Please ensure you are aware of the scoring limitations for the specialty you are applying to.

Item 1 of 1 ^

Title of Presentation* <span style="font-size: small;">i</span>	Name of Meeting you presented at* <span style="font-size: small;">i</span>		
<input type="text"/>	<input type="text"/>		
Presentation Type* <span style="font-size: small;">v</span>	Date of Presentation* <span style="font-size: small;">calendar</span>	Meeting Location* <span style="font-size: small;">v</span>	Level Presented* <span style="font-size: small;">v</span>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>	<input type="text"/>	<input type="text"/>
Presentation Evidence* <span style="font-size: small;">x</span>			
<div style="border: 1px dashed gray; padding: 10px; width: fit-content; margin: 0 auto;"><p>Drag and drop files here or click to browse Allowed: pdf, jpg, png</p></div>			
<input type="button" value="DELETE"/>			

Up to a maximum of twenty, please include any oral or poster presentations you wish to include in your application. [Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.](#)

# Professional Development

## Professional Development

Please list below any development activities such as courses, workshops or meetings that you have personally participated in. Documentary evidence such as a certificate of attendance or letter from the activity provider confirming your attendance must be attached. Do not attach tax invoices.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine the number of accepted activities and which are most appropriate.

Item 1 of 1 ^

Activity Type* <span>!</span>	Name of Activity* <span>!</span>
<input type="text"/>	<input type="text"/>
Activity Provider* <span>!</span>	Duration of Activity* <span>!</span>
<input type="text"/>	<input type="text"/>
Description* <span>!</span>	Date of Activity* <span>!</span>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>

Professional Development Evidence\* !

  
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DELETE

+ ADD NEW

Please include any courses, meetings or workshops you wish to form part of your application. A certification of completion is required as evidence, invoices are not accepted. [Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.](#)

## Achievements

### Achievements

Please list below any additional achievements up to a maximum of forty (40). Documentary evidence such as a certificate or letter from the professional or awarding body must be attached. Do not attach photographs under any circumstance.

Applicants are advised to review the selection regulations of their chosen specialty(s) to determine which activities are most appropriate.

Documents prepared by you are not acceptable evidence.

Item 1 of 1 ▲

Activity Type*	Award / Professional Body* <span>i</span>
<input type="text"/>	<input type="text"/>
Description*	Date* <span>📅</span>
<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>

0/2000

Achievement Evidence\*

  
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DELETE

+ ADD NEW

Please include any other achievements you wish to form part of your application here. [Make sure to review the selection regulations of your chosen specialty to determine which are most appropriate.](#)

## RACS Examinations

### RACS Examinations

Please list below any RACS Examinations you have satisfactorily completed at the time of application.

Item 1 of 1

Examination*	Specify Speciality*	Examination Date*
<input type="text"/>	<input type="text"/>	<input type="text" value="DD/MM/YYYY"/>
<input type="button" value="DELETE"/>		

Please include any RACS examinations you have satisfactorily completed at the time of application.

## Cardiothoracic Surgery – Additional Documents

If you apply to this specialty you must provide:

- Procedural Skills in Cardiothoracic Surgery (Logbook)
  - Evidence must be provided as a summary logbook or spreadsheet (converted to a PDF) signed by the Supervisor of Training and/or Head of Unit where these procedures were performed.
  - All cases must have been performed in the five (5) year period between 1 January 2019 and 31 January 2026.
- Unit Based Competency Assessment
  - For a nominated cardiothoracic unit at which you have worked for a minimum of twelve (12) months during the seven (7) year period between 1 January 2019 and 31 January 2026.
    - Nominated cardiothoracic unit
    - Head of Unit and/or Supervisor of Training: Name, Email address and phone number
    - The names of all Cardiothoracic Consultants working at the unit while you were working there.
- Official certificate of completion or letter of completion confirming you have completed the following courses:
  - EMST
  - CCrISP ®
- Certificate of completion for a minimum of **two (2)** RACS eLearning modules *and* Course 1, 2 and 3 of the *RACS eLearning Aboriginal and Torres Strait Islander Courses* (or other Intercultural Competency course (minimum of 8 hours or 1 day)

## Additional Documents (Cardiothoracic Surgery)

### Procedural Skills in Cardiothoracic Surgery (Logbook) \*

Applicants must provide evidence of meeting minimum cardiothoracic procedural experience as specified in the specialty regulations with their online application. Evidence must be submitted as a summary logbook or spreadsheet signed by the Supervisor of Training and/or Head of Unit where these procedures were performed. If the procedures were performed in separate hospital units, applicants must obtain signatures from the Supervisor of Training and/or Head of Unit at each of these hospitals.

All cases must have been performed in the seven (7) year period between 1 January 2018 and 31 January 2025.

The use of the MALT logbook summary report will be preferred.

Please refer to section 7.2.6 of the Cardiothoracic Selection Regulations for the minimum procedure numbers required for submission.



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### Unit Based Competency Assessment \*

Applicants must have worked at the nominated cardiothoracic unit from which this assessment is to be obtained for a minimum of twelve (12) months during the seven (7) year period between 1 January 2019 and 31 January 2026.

The document must clearly include:

- The nominated cardiothoracic unit
- The Head of Unit and/or Supervisor of Training Name, Email address and phone number
- The names of all the Cardiothoracic Consultants working at the nominated Unit whilst the applicant was working there.

PLEASE NOTE This not be considered as a reference but rather is an assessment of the applicant's experience at this unit.

Refer to section 9 of the Cardiothoracic Selection Regulations for further details.



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For cardiothoracic surgery applicants, please provide evidence of procedural skills and unit based competency assessments you have completed.

Please consult with section 7.2.6 and 9 of the current selection regulations for more information regarding what is required.

Mandatory Courses - eLearning modules\*

A minimum of two RACS eLearning modules and Course 1,2 and 3 of the RACS eLearning Aboriginal and Torres Strait Islander Courses or other Intercultural Competency course (or a minimum of 8 hours or 1 day).

Certificate should clearly indicate the Applicant's name, the date/s of the course, the offering institution and the mode of delivery.



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Involvement in Te Ao Maori

Documentary evidence clearly indicating Applicant's name and involvement in Te Ao Māori



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Rurality

Please refer to section 8.5 of the Cardiothoracic Selection Regulations for the Committee's definition of rurality and evidence required.



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Further, please include a certificate of completion of the mandatory eLearning courses.

Should you also have any involvement in **Te Ao Māori**, or experience/background in a rural setting, please upload evidence here.

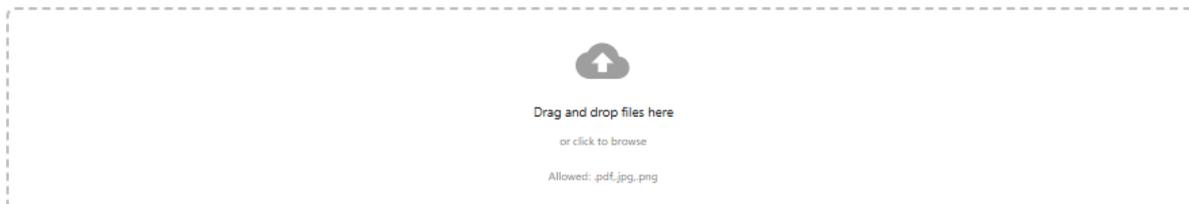
## Otolaryngology Head and Neck Surgery AoNZ – Additional Documents

### Additional Documents (Otolaryngology Head and Neck Surgery NZ)

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Additional OHN (NZ) documents

Please upload additional OHN documents here



Please upload any additional documentation for Otolaryngology Head and Neck surgery here.

## Paediatric Surgery – Additional Documents

If you apply to this specialty you must provide:

1. A **letter of verification** from a FRACS Paediatric Consultant to verify your completion of a minimum ten (10) week attachment in an Australian or Aotearoa New Zealand paediatric surgical unit composing fulltime paediatric surgery workload. This letter **must** confirm:
  - a. Start date of attachment
  - b. End date of attachment
  - c. Position held
  - d. Names or all Paediatric Surgery Consultants in the team during that period
2. A verified **Procedural and Professional Skills form**. Each skill and capability listed must be verified by the consultant surgeon supervising the rotation(s). This form is available on the [RACS website](#) (Paediatric Surgery specific eligibility requirements).
3. A document that lists all your **Supervising Surgical Consultants** as specified in section 9.2.1 of the 2026 Selection Regulations. Minimum information required is:
  - a. Hospital Name
  - b. Exact term dates
  - c. Service/team
  - d. Consultants:
    - i. Full name
    - ii. email address
    - iii. mobile number
    - iv. comments (e.g. only out of hours, extensive clinical supervision, occasional elective operating, etc.)

## Additional Documents (Paediatric Surgery)

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### Letter of Verification\*

All applicants to Paediatric Surgery must complete a minimum ten (10) week attachment in an Australian or Aotearoa New Zealand paediatric surgical unit composing fulltime paediatric surgery workload. This experience must have been completed by 2 February 2026. A letter of verification from a Paediatric Consultant must verify this experience and be submitted with the application. This letter must confirm commencement and end dates, position held, and the names of all Paediatric Surgery Consultants in the team with the Applicant during that period.



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### Surgical Referees\*

Applicants must provide an employment history that lists every Team they have worked with :

- during the last two (2) years prior to 2 February 2026, or
- two (2) years of equivalent full-time clinical work if working less than full time or if they have had breaks greater than six (6) weeks.

The employment history must be organised by order of recency and must include the exact date range in which the applicant worked with the Supervising Consultants. If there is a break greater than six (6) weeks, please provide further information. Applicants are not to list Consultants from an attachment that commenced after 2 February 2026, or attachments that are less than 10 weeks in duration. Refer to section 9.2 of the Selection Regulations.

If an Applicant has not worked in Paediatric Surgery for the past two (2) years, they must include the team of Paediatric Surgeons most recently worked with for more than ten (10) weeks.



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Allowed: pdf, jpg, png

#### Applicants Log of Procedural and Clinical Abilities\*

Applicants must submit the Paediatric Surgery Procedural Skills and Professional Capabilities form (available on the RACS website). Each procedural skill and capability listed must be verified and signed by a Supervising Surgical Consultant.



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Allowed: .pdf, .jpg, .png

#### Indigeneity

Please refer to section 8.8 of the Paediatric for eligibility requirements and documentary evidence required.



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Allowed: .pdf, .jpg, .png

#### Rurality

Please refer to section 8.7 of the Paediatric Selection Regulations for the Committee's definition of rurality and evidence required.



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or click to browse  
Allowed: .pdf, .jpg, .png

Please attach your Paediatric Surgery Procedural Skills and Professional Capabilities form, available [here](#).

Should you have any Indigeneity or Rurality you would like to include in your application, please consult with sections 8.7 and 8.8 of the Paediatric Surgery Selection regulations and upload your evidence here.

## Plastic and Reconstructive Surgery AoNZ – Additional Documents

### Additional Documents (Plastic & Reconstructive Surgery NZ)

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Additional PRS (NZ) documents



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## Agreement

### Agreement

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#### Agreement consent

I understand that this application cannot be updated once it has been submitted.

I certify that the information submitted in this application, for the purpose of processing my application for Surgical Education and Training, is true and correct.

I understand that the information submitted in this application may be disclosed to internal and external parties who provide administrative or organisational support to the selection process, or where RACS is required to do so by law.

I consent to my contact details being provided to Government Health Departments for the purpose of assisting RACS to identify and accredit additional training positions.

I understand that RACS may wish to verify the information provided within this application with external institutions or individuals and gather additional information in order to process this application. I consent to the information collected being used and disclosed as stated. I understand that if I fail to provide this information RACS will be unable to process this application.

I understand that should any of the information submitted as part of this application be found to be false, this application may be excluded by RACS from the Surgical Education and Training selection process and I may be disqualified from making any future applications to Surgical Education and Training.

I understand that additional information outside that submitted in this application will not be accepted.

I understand that any offer of a Surgical Education and Training position commencing **2027** is conditional upon completion of any clinical rotation required for eligibility.

I understand that I may be allocated to undertake training outside my current geographical location and accept that if I should decline this allocation, I will be forfeiting the offer of a training position.

I agree to the above stated application conditions\*

#### Terms and conditions

You are required to confirm that you have read and understand the following policy [Registration for Selection into SET](#) and the current Specialty Selection Regulations and agree that you meet the minimum eligibility criteria, including consent to police check.

Finally, please read through the agreement section and familiarise yourself with the conditions.

A reminder: **Once you submit your application, you will not be able to change it.**

## Submission Review

### Submission Review

Please review all your responses below. You can edit any section by clicking the edit icon.

Completion Status 9 of 52 fields completed (17%) 9 of 27 required fields completed

#### Application Commencement Information

#### Disclosure

##### Disclosure

Edit

In the last 10 years, have you been made aware any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA, or any other regulatory health complaints entity in any State of Territory of Australia or in Aotearoa New Zealand relating to your medical practice? \*

No

If you have practiced in other countries, are you aware of any similar notification or complaints made in those countries? \*

Yes

Are you aware of any other formal complaint being made otherwise in relation to your practice in the last five years? \*

No

Are you aware of any other formal complaint being made otherwise in relation to your practice in the last five years? \*

No

Disclosure supporting documents\*

Not provided

The submission review page provides you with an overview of your answers to the various questions, alongside any missing mandatory information.

Should you have missed a mandatory field, the top bar will show as orange, and the box of the question you have missed will show as red. You will not be able to proceed unless you have provided this mandatory information.

Should you have selected 'add new' on a previous page in error, please navigate back to that page and select 'delete'. This will then remove the question as mandatory.

Email\* 
 Institution (Institution where you worked with the referee)

**Please check each of your responses to the questions in each section. Ensure the documents you have uploaded are correct and uploaded as a response to the correct question. Check, and check again.**

Once all mandatory fields are filled in, the progress bar of the Submission Review will show as green.

## Submission Review

Please review all your responses below. You can edit any section by clicking the edit icon.

Completion Status
  16 of 36 fields completed (44%)
  16 of 16 required fields completed

Once you have checked your application, please select 'Submit' at the bottom of the page.

**Once you submit, you will be unable to make any changes to your application.**

## Shopping Cart and Payment

Home > Shopping Cart

# My Cart

(1 items) [CONTINUE SHOPPING](#)



**SET Application - Plastic and Reconstructive Surgery (New Zealand residents)**

Item ID: SET\_SEL\_PLA\_NZ  
Type: Selection Category  
Price: \$1380

Qty:  [+ UPDATE](#)

[DELETE](#) [PRODUCT DETAILS](#)

**My Cart Total** NZD

Subtotal :	\$ 1200
GST :	\$ 180
<b>Cart Total :</b> (Inclusive of GST)	<b>\$ 1380</b>

[PROCEED TO PAYMENT](#)

**Voucher**

[APPLY VOUCHER](#)

**Donate to the Foundation for Surgery**

Two out of three people worldwide do not have access to safe, affordable surgical care when they need it most. You can help change this by supporting the Foundation for Surgery life-changing global health, Indigenous health and surgical research projects.

100% of your tax deductible donation is dedicated to addressing critical surgical need.

Would you like to support safe surgery and help children, families and communities access quality surgical care when they need it most?

\* Yes! I want to support safe surgery through our Foundation for Surgery today

\* No, I do not wish to make a donation at this time

**Delivery Information**

Delivery by Australia Post or Express Post is free of charge. If courier delivery is expressly requested, these costs will be charged to the customer, following customer agreement after a courier cost quote is obtained.

Orders are dispatched within two business days of receipt of order

- For items under \$55 of value, Australia Parcel Post is used which delivers within 5 to 9 business days
- For items over \$55 value, Express Post is used which usually has next day delivery. This is done so that the parcel may be tracked.

**Merchandise can also be purchased in person from the RACS Melbourne Office at:**

250 – 290 Spring Street, East Melbourne between normal business hours.

Ensure your shopping cart includes all the specialties that you wish to apply to. Once this is confirmed, please select whether you would like to donate to the Foundation for Surgery.

Once this is selected, you will be able to proceed to payment.

**My Cart Total** NZD

Subtotal :	\$ 1200
GST :	\$ 180
<b>Cart Total :</b> (Inclusive of GST)	<b>\$ 1380</b>

[PROCEED TO PAYMENT](#)

# Checkout

## My Information

**Contact Name**

Dr tmp1 setpla

[EDIT DETAILS](#)**Email**

tmp1.setpla@racs.org

**Contact Number**

## Delivery Information

**Shipping Address**55 Junction Road  
Foxton, 8012 undefined  
New Zealand[EDIT DETAILS](#)**Billing Address**55 Junction Road  
Foxton, 8012 undefined  
New Zealand[EDIT DETAILS](#)

## Payments

 Pay with card   

Cardholder Name

Card Number

Expiration Date (MM/YY)  CW (3 digits)

**Note:** Royal Australasian College of Surgeons does not store any credit card information as part of this purchase.

[COMPLETE PAYMENT](#)

By selecting "Complete Payment" you accept [Royal Australasian College of Surgeons Terms & Conditions](#). To provide you with the full membership experience, we will process your personal data in accordance with the [Royal Australasian College of Surgeons Privacy Notice](#).

## My Cart Total

NZ

Order Id :	ORD-55667-P2V7J
Order Value :	\$ 1200
GST :	\$ 180
Cart Total : (Inclusive of GST)	\$ 1380

## Order Details

Item	Amount
SET Application - Plastic and Reconstructive Surgery (New Zealand residents)	\$1380

## Delivery Information

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**Merchandise can also be purchased in person from the RACS Melbourne Office at:**

250 – 290 Spring Street, East Melbourne between normal business hours.

Once at the payment page, please double check that your:

- Contact information is correct
- Billing address is correct
- Order Details contain the correct specialty you wish to apply for

Once checked, please enter your card details (or use PayPal) and complete your payment.

Once your payment has been successfully processed, you will receive an email receipt for your payment.

**Note** if you do not receive this receipt, email [SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) who can send you a copy of this.



# Thank you

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Your payment has been received

To avoid paying the same invoice again,  
please do not return to the previous screen.

If you would like to pay another invoice, please visit [My Invoices](#).

If you have any queries, please email [accounts.receivable@surgeons.org](mailto:accounts.receivable@surgeons.org)

Your payment receipt will be emailed to you soon.

[Back to Home page](#)

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## Confirmation email

A **separate** confirmation email will be sent to your email address when you have submitted and paid for your selection application.

This email will include a link to your completed application form(s) which you can download (you will need to have Acrobat installed on your computer to view).

**We recommend that you download and save a copy of your form for future reference**

