

# TRAVEL & PROFESSIONAL DEVELOPMENT APPLICATION FORM 2021

## ELIGIBILITY FORM

Please read the following condition statements for the available Education and Travel Scholarships, Fellowships and Grants and indicate by ticking the eligibility box those for which you wish to apply and that you satisfy all the conditions contained in the linked policy.

Award	Conditions statement	Eligible?
<b>Anwar and Myrtha Girgis IMG Scholarship</b>	Please see separate application form	N/A
<b>Aziz Hamza Rural Surgery Scholarship</b>	I am either a RACS Fellow having gained my Fellowship in the past ten years (2010 or later), a Trainee or a SET applicant.  My specialty is Plastic & Reconstruction. I intend travelling overseas for professional development.	
<b>Hugh Johnston ANZ ACS Travelling Fellowship</b>	I am a RACS Fellow who has gained my Fellowship	
<b>Hugh Johnston Travel Grant</b>	I am a RACS Fellow or Trainee planning to travel overseas to gain specialist training. I am not a SET applicant.	
<b>Ian &amp; Ruth Gough Surgical Education Scholarship</b>	I am either a RACS Fellow or a Trainee. I am not a SET applicant.  I propose to visit specialist centres or attend courses that will enhance my ability to become an expert surgical educator.	
<b>John Buckingham Travelling Scholarship</b>	I am a RACS Trainee. I am not a SET applicant.  I am either a member or am intending to apply for membership of the ANZ Chapter of the ACS.	
<b>Margorie Hooper Travel Scholarship</b>	I am a RACS Fellow or Trainee living in South Australia. I am not a SET applicant.  I plan to either undertake postgraduate studies outside of SA, either elsewhere in Australia or overseas OR to travel overseas to learn a new surgical skill for the benefit of the surgical community in South Australia.	
<b>Morgan Travelling Fellowship</b>	I am a recent RACS Fellow (having gained my Fellowship in 2015 or later) who is planning to travel overseas to gain clinical experience or to undertake research.	
<b>Murray and Unity Pheils Colorectal Travel Fellowship</b>	I am a RACS Fellow or Trainee planning to travel overseas to obtain further training and experience in the field of colorectal surgery. I am not a SET applicant. <i>Alternatively</i> I am an overseas surgeon wanting to obtain further training and experience in a specialist colorectal unit in Australia or NZ	<input type="checkbox"/> (please indicate which alternative) <input type="checkbox"/>

Award	Conditions statement	Eligible?
<b>Pickard Robotic Training Scholarship</b>	I live in South Australia. I have a clear contractual commitment to the SA public hospital system for the period of two years immediately following the conclusion of this Scholarship. I intend to undertake a defined research and training program in robotic surgery.	
<b>Poate Family Plastic &amp; Reconstructive Surgery Travel Grant</b>	I am either a RACS Trainee or a SET applicant. I wish to obtain further plastic and reconstructive surgery training and experience overseas.	
<b>RACS Aboriginal and Torres Strait Islander SET Trainee One Year Scholarship</b>	I am a RACS Trainee or SET applicant. I identify as Aboriginal or Torres Strait Islander.	
<b>RACS Māori SET Trainee One Year Scholarship</b>	I am a Maori who is a RACS Trainee or SET applicant.	
<b>Stuart Morson Scholarship in Neurosurgery</b>	My specialty is Neurosurgery. I am either a RACS Fellow within five years of obtaining my Fellowship (2015 or later), a Trainee, or a surgeon registered to practice Neurosurgery in Australia or New Zealand. I plan to spend time overseas undertaking research or further training in neurosurgery. <i>Alternatively</i> I am an overseas neurosurgery wishing to travel to Australia or New Zealand for further training in neurosurgery. I have not yet commenced travel and will not be doing so before the application closing date.	<input type="checkbox"/> (please indicate which alternative) <input type="checkbox"/>

Signature \_\_\_\_\_ (e-signature)

Date: \_\_\_\_\_

I confirm that I have read the Policy and the Important general conditions and meet the eligibility requirements as stated on this form.

<b>SECTION A – Applicant's Details</b>				
1	Surname/Family Name			
2	Given Names			
3	Title			
4	Sex/Gender			
5	Full postal address (including state and postcode)			
6	Work or a home address?			
7	Home Telephone			
8	Business Telephone			
9	Mobile Number			
10	Email			
11	ORCID number			
12	Do you currently hold a FRACS or have you applied for FRACS?	YES	NO	Applied
13	If YES, what year did you gain your Fellowship?			
14	Are you a SET Trainee or have you applied for SET?	YES	NO	Applied
15	If you are SET Trainee, what is your current SET level?			
16	What is your Specialty?			
17	Are you a Member of RACS?	YES	NO	
18	Do you have restrictions placed on your practice by a regulatory authority or hospital? If yes, please attach details to application.			YES NO
19	Are any aspects of your practice under review? If yes, please attach details to application.			YES NO

**SECTION B – Qualifications and Employment**

20 University qualifications and post graduate degrees, starting with the most recent

	Qualification	Institution

Present employment details

21	Employer/Source of Funding	
22	Tenure (If untenured, please give date of termination of current post)	
23	Grade/Status	

24 Previous post-graduate appointments in date order, starting with most recent

	Place of Work	Posts Held

**25 Briefly detail any noteworthy academic achievements in your career to date**

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**26 List your top five publications including authors, title and reference details**

	Title and Reference	Publication	Authors (in order)
1			
2			
3			
4			
5			

27 What are your career intentions? (be brief)	

SECTION C - Required Information				
28	Are you enrolled in a higher degree?	YES		NO
29	Are you intending to enrol in a higher degree?	YES		NO
30	If YES, please state institute and name of degree			
31	Proposed commencement date of your travel/professional development (m/y)			
32	Proposed completion date of your travel/professional development (m/y)			
33	Does your program involve experiments on human or animal subjects?	NO	HUMAN	ANIMAL
34	If yes to either of the above, has the relevant ethics committee of the institution concerned approved that the project conforms to the general principles set out in the NHMRC:  <i>(Documentary evidence required to be attached to application)</i>	"Statement on Human Experimentation"		"Australian Code of Practice for the Care and Use of Animals for Scientific Purposes"
		YES	Not yet	YES

35	In your research , do you plan to identify and compare statistically significant differences in female and male sub-population (human or animal)?	YES	NO
36	If so, please briefly explain how		
37	If not, please briefly explain why not. <i>If your research relates to a sex/gender specific topic (eg prostate, reproductive etc) please note this .</i>		
38	If applicable and not cited elsewhere, please provide details on where the proposed training/activity will place (institute, department, address, email)		



## Section D - Individual award requirements

### Pickard Robotic applicants only:

39	<u>Experience:</u> What Robotic experience you have had to date?
40	<u>Application Submission:</u> Please ensure you include a demonstrated plan of training in your submission abstract, along with the proposed cost of the program.
41	<u>Reference Reports:</u> Two written letters of reference supporting the application to be provided. There is no standard form. Please provide details on who will be supplying these references in Section F.
<b>RACS ATSI SET Trainee One Year Scholarship, ATSI and Maori only:</b>	
42	<u>Education:</u> Please briefly summarise your medical school performance including noting any honours and prizes you have been awarded.
43	<u>Application Submission:</u> Include details of your aspirations, purpose in studying surgery, what the funding will be used for, and your current and future commitment to Aboriginal, Torres Strait Islander and/or Maori activities in your submission abstract.
44	<u>Reference Reports:</u> Two written letters of reference supporting the application to be provided. There is no standard form. Please provide details on who will be supplying these references in Section F.

<b>Ian and Ruth Gough applicants only:</b>	
45	<u>Experience:</u> Summarise your personal experience in obtaining and delivering surgical education programs below.
46	<u>Attachment list:</u> Please note details of the documentation attached to this application of your acceptance of visits to specialist centres or into courses.
47	<u>Application Submission:</u> Ensure you include costs in your program outline.
<b>48 John Buckingham Travelling Scholarship applicants only:</b>	
	<u>Application Submission:</u> Please provide a 1000-word dissertation as your application submission, outlining the proposed benefits of the scholarship to yourself, to the ANZ Chapter of the ACS and to RACS. You may need to attach this separately.
<b>49 Margorie Hooper Travel Scholarship applicants only:</b>	
	<u>Application Submission:</u> Please include in your submission abstract the proposed benefit of your program to the South Australian surgical community.

## SECTION E - Application submission

50 If applicable, what is the title of the proposed study/training/activity or the name of your project? Be brief.

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51 Application Submission

Please provide an abstract of the proposed travel/professional development program with a maximum of 600 words (unless otherwise indicated). Include the requirements for individual awards in Section D. If you are applying for more than one award, please provide the correct information for each award. Please attach extra pages if required.

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*Continue on next page if required*

*Application submission continued...*

## SECTION F – Referee Reports

52 Please provide the name and contact details to whom Referee Form One and Referee Form two has been passed onto for completion, or the name and contact details of those who are supplying your referee reports.

**Please ensure referees are aware of the closing date for applications.**

### REFERENCE ONE

Name (including Title)	
Position	
Contact Address	
Telephone Number	
Email Address	

### REFERENCE TWO

Name (including Title)	
Position	
Contact Address	
Telephone Number	
Email Address	

<b>REFEREE FORM ONE</b>	
<b>TRAVEL &amp; PROFESSIONAL DEVELOPMENT SCHOLARSHIPS, FELLOWSHIPS AND GRANTS</b>	
<b>Applicants Name</b>	
How long have you known the applicant?	
Please state how you believe the activity planned by the applicant satisfies the objective of the award being to gain knowledge or expertise in a field that will ultimately benefit the applicant, RACS and the Community	
State your views on the applicant's ability and suitability to maximise the benefit of the activity outlined.	
Your name (including title)	
Position	
Institute	
Signature	

*The above-named applicant has applied for a RACS Scholarship/Fellowship/Grant. Please sign (e-signature preferred) complete and return in confidence one copy of this form prior to the closing date. Failure to return the form by the closing date may adversely affect the application.*

**Contact details:**

ANZ Scholarship & Grant Coordinator  
199 Ward Street, North Adelaide SA 5006  
scholarships@surgeons.org

**The closing date for 2021 applications is 14 April 2020**

<b>REFeree FORM TWO</b>	
<b>TRAVEL &amp; PROFESSIONAL DEVELOPMENT SCHOLARSHIPS, FELLOWSHIPS AND GRANTS</b>	
<b>Applicants Name</b>	
How long have you known the applicant?	
Please state how you believe the activity planned by the applicant satisfies the objective of the award being to gain knowledge or expertise in a field that will ultimately benefit the applicant, RACS and the Community	
State your views on the applicant's ability and suitability to maximise the benefit of the activity outlined.	
Your name (including title)	
Position	
Institute	
Signature	

*The above-named applicant has applied for a RACS Scholarship/Fellowship/Grant. Please sign (e-signature preferred) complete and return in confidence one copy of this form prior to the closing date. Failure to return the form by the closing date may adversely affect the application.*

**Contact details:**

ANZ Scholarship & Grant Coordinator  
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## SECTION G – Signature

I certify that the information supplied in this application is true and correct. I understand that the Royal Australasian College of Surgeons may wish to verify this information with an institution or individual. I consent to such inquiries being undertaken as part of the scholarship selection process. I have read the application conditions for the relevant scholarships, fellowships and grants and agree to abide by them.

<p><b>Signature</b> <i>(Please use e-signature)</i></p>	
<p><b>Date</b></p>	



## SECTION H – Your Personal Checklist

	Application Form completed, signed and attached	<input type="checkbox"/>
	Eligibility form completed, signed and attached	<input type="checkbox"/>
	Referee Forms sent to Referees for completion / References have been requested from nominated referees (Make sure Referees understand time line)	<input type="checkbox"/>
	Brief CV attached. Please note that this CV is to be no more than five pages long. Only the first five pages will be submitted to reviewers.	<input type="checkbox"/>
	Ethics approval attached (if applicable)	<input type="checkbox"/>
<b>RACS SET Trainee One Year Scholarship, ATSI and Maori:</b>		
	Letter confirming membership of AIDA / TeORA attached (whichever applicable)	<input type="checkbox"/>
	Medical School Transcript attached	<input type="checkbox"/>
<b>Pickard Robotic Training Scholarship:</b>		
	Documentation supporting your period of long-standing residence within SA attached	<input type="checkbox"/>
	Documentation supporting your contractual commitment to the SA public hospital system for the period two years immediately following the conclusion of this award attached	<input type="checkbox"/>
<b>Stuart Morson applicants:</b>		
	Registration for Neurosurgery attached	<input type="checkbox"/>
<b>Ian &amp; Ruth Gough applicants:</b>		
	Documentation of your acceptance of visits to specialist centres or into courses attached	<input type="checkbox"/>