





Application for Registration for Training Position

 Pre Application Checklist			
<p><i>This application is for the purposes of registering your candidacy for a training position. Applicants must be familiar with the eligibility process for surgical training as described in the ACPS Fellowship Training Handbook (pages 8-11). Before completing this application, you must meet the following requirements:</i></p>		Yes	No
1	Are you a permanent resident or citizen of Australia or New Zealand?	<input type="checkbox"/>	<input type="checkbox"/>
2	Do you have current general registration with the Podiatry Board of Australia?	<input type="checkbox"/>	<input type="checkbox"/>
3	Are you currently undertaking endorsement for Scheduled Medicines?	<input type="checkbox"/>	<input type="checkbox"/>
4	Do you have a minimum of 2-years of actual clinical experience working as a podiatrist?	<input type="checkbox"/>	<input type="checkbox"/>
5	Have you completed an approved Master degree*#?	<input type="checkbox"/>	<input type="checkbox"/>
6	Are you an affiliate member with the ACPS?	<input type="checkbox"/>	<input type="checkbox"/>
7	Do you have an up-to-date curriculum vitae?	<input type="checkbox"/>	<input type="checkbox"/>
8	Have you completed the minimum podiatric surgical clinical rotations?	<input type="checkbox"/>	<input type="checkbox"/>
9	Do you have a minimum of 3 clinical rotation assessment forms (CRAFs)?	<input type="checkbox"/>	<input type="checkbox"/>
10	Have you completed your logbook of office based and surgical cases?	<input type="checkbox"/>	<input type="checkbox"/>
11	Have you successfully completed the ACPS Entrance examination?	<input type="checkbox"/>	<input type="checkbox"/>
12	Have you completed the psychometric and motor skills testing?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered NO[#] to any of the above questions, then you are not eligible to apply for a training position.

* A Master's degree that leads to a general registration as a podiatrist is not suitable for this requirement. Please refer to page 7 of the ACPS training document.

Application from individuals who have completed academic units leading towards a doctoral qualification may be accepted, based upon individual assessment by the ACPS selection committee

 Selection into the Training Programme is governed by the principles of equal opportunity, and is based solely on merit. Applicants will not be discriminated against on the grounds of age, gender, marital status, sexual orientation, race, religion, or State of residence. Only those applicants who meet the entrance criteria will be considered for appointment to the ACPS Training Programme. Where the ACPS is unable to identify a sufficient number of qualified candidates to fill the quota of positions in any given year, places will remain vacant.

Application for Registration for Training Position

Insert Passport Photo Here	Name:		
	Date of Birth:		
	Street Address: (Home)		
	City/ State/ Post Code:		
	Street Address: (Work)		
	City/ State/ Post Code		
	Contact Details:	Home	
Work			
Mobile			
Email			

1. ACPS Affiliate Membership

ACPS Affiliate Member Number:

2. Undergraduate Education (attach certified copies of academic record)

University				Date Completed	Title of Degree
1.	Name:				
	Location:				
	Honours:	Yes	No		
2.	Name:				
	Location:				
	Honours:	Yes	No		

3. Post-Graduate Education (attach certified copies of academic record)

University				Date Completed	Title of Degree
1.	Name:				
	Location:				
	Provide title of thesis (if applicable):				
2.	Name:				
	Location:				
	Provide title of thesis (if applicable):				

4. Podiatry Board of Australia Registration (attach a certified copy of your registration and endorsement certificate)

Registration Number:

Any suspensions, restrictions, disciplinary actions? (please circle) Yes No

If yes, please attach details of event, including outcome.

5. Podiatry Work Experience

Please note that a minimum of 2-years of actual clinical podiatry practice is required. This does not include 2-years of clinical experience gained within the Master of Podiatry curriculum.

	Institution/ Office: Name and Address	Contact Number(s)	Dates of Employment
1.			
2.			
3.			

6. Research Experience

Provide information below pertaining to any research that you have been involved in. It is vital that you confirm these details with all listed supervisors prior to submission of your application.

	Institution:	Research Supervisor(s):	Date(s) of Research:
1.			
	Research topic:		
2.			
	Research topic:		
3.			
	Research topic:		

7. Presentations and Publications

Attach a separate list (if necessary). Please attach copies of any publications.

	Name of publication(s) or presentations :	Date:
1.		
2.		
3.		

8. ACPS Basic Surgical Skills and Education Training (BSSET)

Completion of the ACPS BSSET course is not a pre-requisite for registration for application to podiatric surgery training. Affiliate members of the ACPS can register for the BSSET course. Please refer to the ACPS website for registration for the next available BSSET course.

1.	Have you completed the ACPS BSSET (please circle)	Yes No	Attach a copy of your BSSET certification
----	---	-----------	---

9. Surgery Courses and Workshops (attach certified copies of any course or workshop certification)

	Course/ Workshop Name:	Institution:	Dates Attended:
1.			
	Course/ Workshop description:		
2.			
	Course/ Workshop description:		
3.			
	Course/ Workshop description:		

10. Seminars or Conferences Attended

Please provide a list of seminars or conferences that you have attended that relate to surgical practice.

	Name of seminar/ conference:	Location:	Date:
1.			
2.			
3.			

11. Other Achievements or Awards (attach certified copies of any special awards)

This section provides an opportunity for you to detail any particular achievements and accomplishments that demonstrate academic or professional experience. Examples of other academic or professional achievements may include scholarships, school or university prizes or formal recognition of contribution to a profession.

	Achievement/ Award:	Institution/ Setting:	Date:
1.			
2.			
3.			

12. Personal and Community Experience (attach copies or relevant contact details where applicable)

In this section you have the opportunity to set out personal and community experience that you feel supports your application. While you are encouraged to list and prioritise your activities and experiences, the emphasis should be on those that you think have been most significant in your personal development. You are required to provide a contact person who can verify your experience. It is vital that you confirm these details with all listed people prior to submission of your application.

	Experience:	Institution/ Setting:	Contact:	Date:
1.				

2.				
3.				

13. Advanced Standing

International and domestic podiatrists who hold pre-existing qualifications and experience may apply for advanced standing within the ACPS training program. Podiatrists who intend to apply for advanced standing are required to supply additional documentation to support their application, including:

- A letter of intent to apply for advanced standing
- Mapping document which outlines learning outcomes and competencies achieved which are of direct comparison to the ACPS competencies and syllabus
- Certified copies of prior certification and qualifications

The ACPS selection committee reserves the right to request additional information and documentation if deemed necessary. Candidates are directed to Appendix 7 of the ACPS Fellowship Training Handbook for more information.

1.	Do you intend to apply for advanced standing within the training program? (please circle)	Yes	No	<i>Attach supporting material outlined above.</i>
----	--	-----	----	---

14. Other supporting documentation

In addition to the aforementioned certification and supporting documentation required to accompany this application (e.g. academic record, registration certification, etc.), please ensure that you also attach:

1. Curriculum vitae. Your curriculum vitae should be a **maximum** of two single sided pages. It should not be a substitute for information required in this application form
2. Clinical rotation assessment forms (CRAFs). A **minimum** of three CRAFs are required.
3. Logbook of office based and surgical cases
4. Results of Emotional Quotient Inventory (EQ-i) and VTS MLS Test and VTS 2 HAND Test.
5. Advanced standing supporting documentation (see question 13.)

15. REFERENCES

Provide four professional references below, including at least one podiatric surgeon and at least two from individuals who have known, worked with or supervised the candidate

	Name	Address	Contact Details	
1.			Ph.	
			Mob.	
			Email.	

2.			Ph.	
			Mob.	
			Email.	

3.			Ph.	
			Mob.	

		Email.	
--	--	--------	--

4.			Ph.	
			Mob.	
			Email.	

15. Declaration

- I Insert name declare that the information I have provided above is accurate and complete.
- I declare that I understand that the Australasian College of Podiatric Surgeons is relying on information provided by me to assess my application for admission. I undertake to notify the Australasian College of Podiatric Surgeons if there is any change to my circumstances that means that the information supplied above is no longer accurate or complete.
- I also acknowledge that the Australasian College of Podiatric Surgeons is required to verify independently any information supplied by me in relation to this application.

Signature _____

Date _____

i Applicants must submit certified copies of any supporting documents with this application form.

Please send this application and supporting documentation to:

Australasian College of Podiatric Surgeons
PO Box 248
Collins Street West
VICTORIA 8007

Australasian College of Podiatric Surgeons
PO Box 248
Collins Street West
VICTORIA 8007
Telephone: +61 3 9286 8188
Facsimile: +61 3 9286 8180
Email: podiatric.surgeons@rsmi.com.au
Web: www.acps.edu.au