

Arthritis Australia/Zimmer Biomet Orthopaedic Fellowship Program Institution Application

Documents to be included with application: Two written references from independent referees for fellow, fellow training program, written confirmation by the supervisor that the fellowship program contains at least 50% arthroplasty in the specified activity, completed institution application form, completed fellow application form, CV's for each supervisor as per the application form and fellow CV.

1. INSTITUTION CONTACT DETAILS

Name of Institution:			
Description of Institution:			
Contact person:			
Address:			
City:	State:	Postcode:	
Phone:	Work:	Mobile:	Facsimile:
Contact person email:			

2. TITLE OF FELLOWSHIP (e.g. St Mary's lower limb orthopaedic fellowship)

Title:	
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3. NAME OF SUPERVISOR/S (attach CV for each supervisor)

Name:	
Name:	

4. SPECIALTY AREA

<input type="checkbox"/> General	<input type="checkbox"/> Arthroplasty	<input type="checkbox"/> Hip	<input type="checkbox"/> Knee	<input type="checkbox"/> Trauma
<input type="checkbox"/> Lower limb	<input type="checkbox"/> Oncology	<input type="checkbox"/> Spine	<input type="checkbox"/> Upper limb	<input type="checkbox"/> Other (please specify)

5. FELLOWSHIP COMMENCEMENT DATE

Date:	
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6. DURATION

<input type="checkbox"/> Six months (AUD\$27,500)	<input type="checkbox"/> 12 months (AUD\$55,000)
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7. FELLOW CONTACT DETAILS

Name:	Title:	Given:	Surname:
Address:			
City:	State:	Postcode:	
Phone:	Work:	Mobile:	Facsimile:

Email:	
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8. OTHER FELLOWSHIPS HELD BY FELLOW

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9. SUPERVISOR/S SIGNATURE/S

Signature:	Date:
Signature:	Date:

Please submit all completed documents to:

Arthritis Australia

PO Box 550 BROADWAY NSW 2007

Email: dstavrakis@arthritisaustralia.com.au

Fax: (02) 9518 4011