

Selection Application Form (PFT 2)

APPLICATION INSTRUCTIONS

- This form is only to be completed by Second Year (PFT2) Applicants.
- The BreastSurgANZ Post Fellowship Training Selection Application Form should be completed in conjunction with the BreastSurgANZ Post Fellowship Training (PFT) Program Selection and Application Guidelines (Selection Guidelines).
- Applicants **must** complete Sections 1, 7,8 & 9. Sections 2 – 6 are optional depending on whether the applicant has new information to include which differs from their first-year application.
- The Selection Guidelines set out the information and supporting documentation required to support the Application Form.
- If insufficient space is available within the Application Form to provide the required information applicants may attach an addendum to the Application form. Applicants should only provide information relevant to the requirements of the Application Form and Selection Guidelines.
- No changes to an application can be made following submission.
- The completed Application Form and all supporting documentation must be provided **in PDF format**. **Documents not provided in PDF format will not be accepted.**
- Please ensure adherence to the required naming convention for all submitted documents: **LAST NAME_First Name_2027PFT1_Document Name**
- Applicants must ensure that the completed Application Form and all supporting documentation are submitted as individual documents in a single application email.
- Applicants must submit proof of the following:
 - Current Medical Indemnity Insurance
 - Proof of Citizenship (Australian or New Zealand)
 - Current Australian Health Practitioner Regulation Agency (AHPRA) or Medical Council of New Zealand (MCNZ) registration
 - Evidence of FRACS
- All enquiries relating to completion of the Application form must be submitted via email to training@breastsurganz.org

PLEASE DO NOT SUBMIT THIS INSTRUCTION PAGE WITH YOUR COMPLETED APPLICATION.

Post Fellowship Training (PFT) in Breast Surgery

Selection Application Form



1. PERSONAL INFORMATION

FIRST NAME:	SURNAME:	GENDER:	
RACS ID Number:	DATE OF BIRTH:		
STREET ADDRESS:			
SUBURB:	STATE:	COUNTRY:	POST CODE:
EMAIL:		MOBILE:	

OTHER INTERESTS (please tick)

<input type="checkbox"/>	Surgical Oncology	<input type="checkbox"/>	Endocrine
<input type="checkbox"/>	Melanoma	<input type="checkbox"/>	Research
<input type="checkbox"/> Other (please specify)			

FRACS

Do you have your FRACS Please tick	<input type="checkbox"/>	YES	Year awarded	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you passed the Fellowship Exam	<input type="checkbox"/>	YES	Year passed	<input type="checkbox"/>	NO	<input type="checkbox"/>
When will you be sitting the Fellowship Exam?						

Applicants must be able to show evidence of having passed the Royal Australasian College of Surgeons Fellowship exam in General Surgery prior to any offers being made. Candidates who have not passed the exam by this date will be ineligible for selection.

2. HIGHER EDUCATION

Please provide details of all completed higher degree qualifications in surgical and/or medically related fields. Documentary evidence confirming award of the qualification must be attached. Scoring for higher degree qualifications is capped at a maximum of five (5) points.

ENTRY 1

Qualification:			
Institution		Completion/Conferral date	
Field of Study/Research Area			

ENTRY 2

Qualification:			
Institution		Completion/Conferral date	
Field of Study/Research Area			

ENTRY 3

Qualification:			
Institution		Completion/Conferral date	
Field of Study/Research Area			

3. PUBLICATIONS AND PRESENTATIONS

Please provide details of all eligible publications and presentations completed during the four (4) year period preceding the application closing date. Publications must be published or formally accepted for publication by the application closing date. Presentations must have been personally delivered by the applicant. Documentary evidence must be attached for all entries. Research projects resulting in multiple outputs (e.g. poster, oral presentation, publication) may only be scored once. Scoring for Publications and Presentations is capped at 10 points.

Entry 1

Publication Title			
Publication Name			
Surgical Specialty		Publication Type e.g. Original article, Review, case report)	
Publication Status		Date Published/Accepted	
Authorship Position			

Entry 2

Publication Title			
Publication Name			
Surgical Specialty		Publication Type e.g. Original article, Review, case report)	
Publication Status		Date Published/Accepted	
Authorship Position			

Entry 3

Publication Title			
Publication Name			
Surgical Specialty		Publication Type e.g. Original article, Review, case report)	
Publication Status		Date Published/Accepted	
Authorship Position			

Entry 4

Publication Title			
Publication Name			
Surgical Specialty		Publication Type e.g. Original article, Review, case report)	
Publication Status		Date Published/Accepted	
Authorship Position			

4. PRESENTATIONS

Entry 1

Title:			
Surgical Specialty		Named Presenter	
Conference/Meeting Title			
Type (Oral/Poster)		Authorship Position	
Date Presented		Conference/Meeting Level	

Entry 2

Title:			
Surgical Specialty		Named Presenter	
Conference/Meeting			
Type (Oral/Poster)		Authorship Position	
Date Presented		Conference/Meeting Level	

Entry 3

Title:			
Surgical Specialty		Named Presenter	
Conference/Meeting			
Type (Oral/Poster)		Authorship Positions	
Date Presented		Conference/Meeting Level	

Entry 4

Title:			
Surgical Specialty		Named Presenter	
Conference/Meeting			
Type (Oral/Poster)		First Author (Yes/No)	
Named Presenter		Conference/Meeting Level	

5. PRIZES AND SCHOLARSHIPS

Please provide details of eligible prizes and scholarships awarded during the four (4) year period preceding the application closing date. Documentary evidence confirming the award must be attached. Awards should relate to medicine, surgery, healthcare, research, education, leadership, or community service

Entry 1

Prize/Scholarship			
Awarded by			
Type:		Date Awarded	

5. PRIZES AND SCHOLARSHIPS *continued*

Entry 2

Prize/Scholarship			
Awarded by			
Type:		Date Awarded	

Entry 3

Prize/Scholarship			
Awarded by			
Type:		Date Awarded	

6. LEADERSHIP, COMMUNITY, ADMINISTRATION & TEACHING

Please provide details of sustained leadership, administrative, teaching, and/or medically related community involvement undertaken during the four (4) year period preceding the date of application. Activities must demonstrate ongoing contribution and relevance to the medical, academic, surgical, or healthcare sectors. One-off, ad hoc, or routine employment activities will not ordinarily be eligible for scoring. Documentary evidence confirming involvement and time commitment must be attached.

Entry 1

Position/Activity			Organisation/Institution		
Description of involvement					
Date commenced		Date ended		Approximate hours per week	

Entry 2

Position/Activity			Organisation/Institution		
Description of involvement					
Date commenced		Date ended		Approximate hours per week	

Entry 3

Position/Activity			Organisation/Institution		
Description of involvement					
Date commenced		Date ended		Approximate hours per week	

Entry 4

Position/Activity			Organisation/Institution		
Description of involvement					
Date commenced		Date ended		Approximate hours per week	

7. REFEREES

Please provide details for four (4) referees. One (1) of your four referees must be your current Supervisor, one (1) must be a current Nurse Unit Manager or Theatre Nurse Unit Manager, and the remaining two (2) referees must be Consultant Surgeons.

By nominating referees, applicants confirm that each nominated individual has agreed to act as a referee.

Please list your current Supervisor as the first referee below. BreastSurgANZ will contact all nominated referees. Applicants should refer to the Selection Guidelines for referee eligibility requirements. By listing nominated referees below, the applicant is providing consent for BreastSurgANZ to contact the listed referees.

Referee 1 (Current Supervisor)

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 2

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 3

First Name		Surname	
Hospital		Position	
Mobile		Email	

Referee 4

First Name		Surname	
Hospital		Position	
Mobile		Email	

8. TRAVEL TO/WITHIN AUSTRALIA AND NEW ZEALAND

The BreastSurgANZ Post Fellowship Training (PFT) Program is a two (2) year program. Successful completion of both years is required to successfully complete the Program and become eligible for Full Membership of BreastSurgANZ.

By submitting an application to the BreastSurgANZ PFT Program, applicants acknowledge and accept that, if successful, they may be allocated to any accredited training position within Australia or New Zealand, regardless of their individual preference ranking. Requests for exemption from interstate or trans-Tasman travel requirements will not be approved.

Any candidate who is unable to travel within Australia or to/from New Zealand for one or both years of training on the BreastSurgANZ PFT Program is ineligible to apply for a position on the program.

Centralised Application and Allocation to Accredited Training Position

BreastSurgANZ conducts a centralised application and allocation process for the PFT Program.

All offers to successful applicants are made exclusively through the centralised application process with no exceptions.

Training Supervisors are not permitted to make an offer of a position to a candidate on the BreastSurgANZ PFT Program. If an offer has been made to a candidate from a Hospital Supervisor prior to completion of the centralised application and allocation process, that information should be disclosed to BreastSurgANZ as soon as practicable. Any such representations or offers will not be recognised within the BreastSurgANZ PFT Program allocation process.

The centralised application and allocation process ranks candidates from highest to lowest final assessment score following assessment of a candidate's application form, referee reports and interview.

Prior to interview, all candidates will be asked to preference all available positions from first to last for the training year for which they are applying (PFT 1 or PFT 2). Successful candidates will be allocated a hospital position based on their final assessment score and the order in which they have preferred available positions.

Positions are allocated sequentially commencing with the highest ranked candidate and proceeding through to the lowest ranked candidate.

By submitting an application to the BreastSurgANZ PFT Program, applicants acknowledge and accept that, if successful, they may be allocated to any accredited training position within Australia or New Zealand, regardless of their individual preference ranking.

No changes to allocations will be considered once the centralised assessment and allocation process has been completed.

Refusal of an allocated training position may result in exclusion from reapplying to the BreastSurgANZ PFT Program for a period of two (2) years, unless otherwise determined by BreastSurgANZ in exceptional circumstances.

1. I confirm I understand and accept the BreastSurgANZ PFT Program centralised application and allocation process. Please indicate YES to accept or NO to decline.	
2. I confirm that should I be successful in my application for a position on the BreastSurgANZ Post Fellowship Program I will accept whichever position I am allocated within Australia and/or New Zealand. Please indicate YES to accept or NO to decline.	

Applications will not be accepted for selection where either of the conditions listed above is not accepted.

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9. TERMS AND CONDITIONS

Please read the following carefully. By submitting this Application, you agree to the terms and conditions detailed below, and acknowledge other matters disclosed in the PFT Application documentation.

1. I understand that this Application form cannot ordinarily be amended following submission except at the discretion of BreastSurgANZ.
2. I understand successful applicants to the BreastSurgANZ PFT Program may be required to undertake training at any accredited training position within Australia and New Zealand. I acknowledge that an inability or unwillingness to travel or relocate for training purposes may result in my application being deemed ineligible or withdrawn from the selection process.
3. I understand BreastSurgANZ reserves the right to deem my application ineligible for the selection process if I have not passed the General Surgery RACS Fellowship Exam by the time offers are made.
4. I understand BreastSurgANZ reserves the right to deem my application ineligible for the selection process if I have not provided evidence of having successfully completed all SET training prerequisites including all mandatory courses, SEAMs and research requirements at the time offers are made to the BreastSurgANZ Post Fellowship Training Program.
5. I understand BreastSurgANZ reserves the right to request from me evidence of having completed all GSET training requirements at the time of or during the selection process and that a failure to provide this evidence in the timeframe allocated by BreastSurgANZ will result in my application being withdrawn from the selection process.
6. I understand that failure to provide further information, where reasonably requested, may result in my application being withdrawn from the selection process.
7. I understand that should any of the information submitted on or with this Application be found to be materially false, misleading, or incomplete, this Application will be deemed invalid, and I may be disqualified from further applications to the BreastSurgANZ PFT Program.
8. I acknowledge that BreastSurgANZ will verify the information provided in this Application and gather additional information to process the Application. I consent to such information, including personal information reasonably required, being collected, used, and disclosed to BreastSurgANZ and third parties for the purposes of this Application.
9. I acknowledge that Personal Information is managed by BreastSurgANZ in accordance with applicable privacy legislation.
10. I acknowledge that BreastSurgANZ provides no guarantee of employment following successful completion of the PFT Program.
11. I acknowledge that BreastSurgANZ may provide generic feedback regarding unsuccessful applications but is not obliged to provide individualised assessment feedback or rankings.
12. I understand that all trainees must re-apply for appointment to a second-year training position. Ongoing participation in the BreastSurgANZ PFT Program is subject to satisfactory completion of first-year requirements. Allocation to a second-year position will depend on the applicant's ranking within the selection process, individual preferences, and the availability of accredited training positions.
13. I agree to comply at all times with the BreastSurgANZ Code of Conduct.

I acknowledge and agree to the terms and conditions of the BreastSurgANZ PFT Program as outlined above. I confirm that the information provided in this Application Form, including all attachments, is true and correct.

Full Name:

Signature:

Date: