# **TP 13.1**

#### Application for Fellowship Form

### **DESCRIPTION**

This form must be completed when Registrars are applying for fellowship upon completion of the Training Program. All Training Program requirements must be complete to apply for fellowship. The completed form must be emailed to <a href="mailto:registrars@acsep.org.au">registrars@acsep.org.au</a> for approval by the Training Sub-Committee, Research Sub-Committee, Examination and Assessment Sub-Committee, ACSEP Finance and the ACSEP Board.

#### **REGISTRAR DETAILS**

Registrar name					
Total full-time equivaler					
I have completed all Stage 1 Training Program requirements				☐ Yes ☐ No	
I have completed all Stage 2 Training Program requirements				☐ Yes ☐ No	
I have completed all Stage 3 Training Program requirements				☐ Yes ☐ No	
I have paid all College fees in full				☐ Yes ☐ No	
I am clear of any adverse findings, I have no conditions placed on my practice and I am not under investigation by any medical authority (including, but not limited to, AHPRA, MCNA, the HIC, ACC or hospital medical advisory committees)				☐ Yes ☐ No	
SIGNOFF					
Registrar name		Signature			
Date					
APPROVAL (OFFICE USE ONLY)					
Training Sub-Committee Approval		☐ Approved ☐ Not approved			
Chair of Training Sub-Committee					
Date					
Research Sub-Committee approval		☐ Approved ☐ Not approved			

## Application for Fellowship Form

Chair of Research Sub-Committee	
Date	
Examination and Assessment Sub-Committee approval	☐ Approved ☐ Not approved
Chair of Examination and Assessment Sub-Committee	
Date	
ACSEP Finance Approval	☐ Approved ☐ Not approved
ACSEP Finance	
Date	
ACSEP Board approval	☐ Approved ☐ Not approved
ACSEP Board	
Date fully approved	