

## Information for Applicants

### Important dates

- Information Session: Thursday, 3 September 2026
- Applications Open: Friday, 4 September 2026 (5pm AEST)
- Applications Close: Friday, 2 October 2026 (5pm AEST)
- Interview Date: Friday, 6 November 2026

## 1. Applying to Enter the Specialisation Training

Applicants can apply in the following disciplines:

- Cardiorespiratory
- Gerontology
- Musculoskeletal
- Neurology
- Occupational Health
- Paediatric
- Pain
- Sports and Exercise
- Women's, Men's, and Pelvic Health

### 1.1 Eligibility Requirements

It is expected that applicants will ensure they meet the eligibility criteria before applying. To apply, applicants must:

- Be a Registered physiotherapist in Australia.
- Be a Financial Member of the APA.
- Be a College member and member of a National Group that offers Specialisation.
- Be a Titled Physiotherapist in the relevant discipline via the Experiential, Evidence Portfolio or Academic Pathway.
- Have completed three years full-time equivalent clinical practice in the relevant discipline since being Titled or since successfully completing an APA-recognised coursework Master's degree in the relevant discipline.

Applicants who do not meet the above eligibility criteria will not be eligible to progress to review of their application form.

In 2026, applicants who 1) satisfy the eligibility criteria outlined above and 2) submit an application that demonstrates readiness to progress to the STP will be invited to attend a Multi-mini Interview (MMI), scheduled for Friday, 6 November 2026.

### 1.2 The Application Form

The online STP Application Form is accessible [here](#) and for reference in Appendix 1.

## 2. Highly Desirable Selection Criteria

Applications will be assessed on:

- suitable depth and breadth of clinical practice, experience and client/patient base; recency of practice
- professional development, including postgraduate training
- engagement with teaching and education
- involvement in research and professional writing and
- professional involvement across physiotherapy, health and/or the community sector

While these areas are *not mandatory* and there is *no minimum requirement*, applicants who can demonstrate experience and/or exposure in these domains may present a stronger application and achieve a higher overall score. The Selection Panel will consider evidence of:

- The breadth, depth, and complexity of an applicant's patient caseload are key considerations in assessing readiness for entry into the STP. A diverse and sufficiently complex caseload that reflects a wide variety of discipline-specific conditions is important. While the Selection Panel assesses experience holistically, an applicant's current clinical role and caseload, particularly in the period since achieving Titling, may indicate whether the applicant has had adequate opportunity to consolidate and advance their practice at a Titled level.
- Teaching experience beyond entry-level physiotherapy students (for example, involvement in postgraduate education, peer education, or professional workshops).
- Increasing involvement in research activities. This may include PEDro reviews, contributing to published work, participating in research projects, or pursuing higher research qualifications.
- A wide range of professional development activities extending beyond self-directed learning. Direct interaction or face-to-face engagement with Specialist Physiotherapists (e.g., through mentoring, observation, or collaborative learning activities) will be viewed favourably.

In some cases, the Selection Panel may encourage an unsuccessful applicant to develop their capacity in these areas before reapplying in a future intake.

## 3. Application Form and Documentation

- The online STP Application Form must be completed in English
- In addition to the application form, the following must be submitted at the time of application:
  - A covering letter addressed to the Chief Censor, Dr Debra Shirley
  - A current CV
  - Copy of Ahpra CPD diary, including reflections, for the previous three years
- Additional material supporting the application and demonstrating the applicant's interest in Specialisation may be submitted as an Appendix to the application.

- Declaration of Authenticity is acknowledged upon submission of the application form and associated documents.
- Applicants will receive a confirmation email once the application has been received by the College.

Late and/or incomplete application submissions will NOT be accepted

## 4. Application Fee

Application Fee: \$330.00 (payable on receipt of invoice following submission)

- The application fee is non-refundable
- In 2026 (2027 intake), there will be no additional interview fee
- An invoice and payment options will be forwarded following submission of the application form.

## 5. Referee Criteria

- The applicant must provide details of two referees who can attest that you:
  - are competent in the relevant discipline
  - show initiative
  - are a self-directed learner
  - are willing to contribute to physiotherapy knowledge and practice
  - accept feedback and evaluation of peers.
- Your referees must be able to attest to your clinical ability through recent personal observation.
- It is strongly recommended (but not mandatory) that at least one of the referees is a Fellow of the Australian College of Physiotherapists.
- Referees must not be:
  - a member of the College Council or the Board of Censors.
- Name and contact details, including email addresses and phone numbers of the Referees must be provided on the Application Form.
- The College will contact the referees directly to request completion of a confidential Referee Report.

Should the College not be able to contact the Referee or not receive the confidential Referee Report within the required time frame, applicants will be advised by the College, and additional referee details will be requested.

- Applicants should request permission from their nominated referees prior to completing the Application Form. When confirmed, the referee section of the Application form should be completed.
- Applicants must not contact their Referees, regarding any aspect of their reference, after submitting their Application Form.
- References are provided in strict confidence by Referees.

## 6. Selection Panel Decision Making re Interview

- The Selection Panel comprises ACP Fellows including a representative from the Board of Censors and Fellowship Pathways Standing Committee and a minimum of two other Fellows.
- Eligible applicants will be determined by the Selection Panel and invited to attend a multi-mini interview following review of their written application.

## 7. Multi-mini interviews (MMIs)

- All applicants invited for interview, will attend their interview using Zoom video conferencing. Details on MMI's can be found [here](#).
- The interview process is conducted by a team of specialist and stakeholder interviewers with administrative support from College staff
- At interview, applicants will be assessed and scored on their answers to questions demonstrating suitability for entry into the Specialisation Training Program.

## 8. Selection panel decision making re Entry into STP

- Following the MMI and review of the referee report, the Selection Panel will make a recommendation to the Fellowship Pathways Standing Committee who will endorse the successful applicants.
- The outcome of the application process will be determined by the Selection Panel following consideration of the written application, performance in the interviews and referee reports.

## 9. Invitation to STP or Component 1 of STP pathway

- All applicants will be contacted via email, in November, with their outcome letter.
- Successful applicants will be offered a place in the STP program or an invitation to Component 1 of the refreshed STP (under development).
- Successful applicants to the STP must pay an initial training fee by a set deadline to accept their place in the program.

The requirements of the STP program are outlined in the Specialisation Training Program Registrar Manual available on the APA Website [here](#)

### Enquiries

For further information about the STP Selection process contact:

Jennifer Keating, Assessment and Training Manager

Email: [acp@australian.physio](mailto:acp@australian.physio)

## 10. Appendix 1



### Specialisation Training Program Application Form (2027 Intake)

- ① Page 1: Your Details, Referees, Employment & Training History
- ② Page 2: Highly Desirable Criteria, Additional Information & Declaration

**Applications close at 5pm AEST on Friday 2 October 2026.**

Important note: This application form can be saved for completion and submission at a later date by scrolling to the bottom of the page and selecting SAVE. A link will be emailed to your nominated email address. Applicants must complete all mandatory fields before progressing to the next page. To return to the first page, select BACK or click on Page 1 above and amend as necessary.

**Name \***

|       |      |
|-------|------|
| First | Last |
|-------|------|

**Postal Address \***

|                |                          |                   |           |
|----------------|--------------------------|-------------------|-----------|
| Address Line 1 |                          |                   |           |
| Address Line 2 |                          |                   |           |
| City           | State / Province / Regio | Postal / Zip Code | Country ▼ |

**Email \***

|  |
|--|
|  |
|--|



**Work Phone \***

**Mobile Phone \***

**Gender \***

☐ Gender Diverse ☐ Male ☐ Female ☐ Prefer not to say

**Aboriginal or Torres Strait Islander Status: \***

☐ Aboriginal ☐ Torres Strait Islander ☐ Both ☐ Neither ☐ Prefer not to say

**Field of Specialisation \***

## MANDATORY ENTRY REQUIREMENTS

**1. Are you currently registered to practice as a physiotherapist? \***

☒ Yes ☐ No

**AHPRA Registration Number:**

**2. Are you a current financial member of the APA? \***

☒ Yes ☐ No

**APA Member Number:**

**3. Are you a Titled Physiotherapist? \***

☒ Yes ☐ No

**Discipline/s and date/s awarded:**

**4. Have you completed 3+ years FTE of clinical practice in your chosen field of practice since being Titled or since you successfully completed an APA-recognised coursework Master's degree? (You must have 3+ years to be eligible for this program)**

☒ Yes ☐ No

**Comment**

If you would like the panel to consider any additional information, please provide further comments here.

**5. Are you a financial member of any APA National Groups?**

☒ Yes ☐ No

**Groups:**

If you have answered 'No' to any of the questions above, you do not meet the mandatory entry requirements for entry into the Specialisation Training Program.

## TITLING PATHWAY

**What was your pathway to Titling in your chosen field of Specialisation? \***

Select from list

## EXPRESSION OF INTEREST STATEMENT

The Specialisation Training Program (STP) is a rigorous process, which aims to provide opportunities for the development of knowledge and clinical skills in a self-directed, adult learning environment. As part of the application process, you are requested to provide an Expression of Interest Statement, detailing your reasons for applying. (250 words)





## REFEREES

You are required to provide the names of two (2) referees who can attest to your clinical ability through recent personal observation and who can attest that you:

are competent in the relevant discipline.

show initiative.

are a self-directed learner.

are willing to contribute to physiotherapy knowledge and practice.

accept feedback and evaluation of peers.

NB. It is strongly recommended that at least one of the referees is a Fellow of the Australian College of Physiotherapists. Applicants should not submit referees who are:

A member of the College Council or the Board of Censors.

### Referee 1

#### Full Name

#### Phone Number

#### Email

#### Place of Work

#### Workplace Address



#### Relationship to You:





**Relationship to You:**

**Reason for Nomination as a Referee:**

**Referee 2**

**Full Name**

**Phone Number**

**Email**

**Place of Work**

**Workplace Address**

**Relationship to You:**

**Reason for Nomination as Referee:**

## POSTGRADUATE TRAINING

### Already Completed

Please provide details of any postgraduate qualifications you have **already** completed.

#### Qualifications

|   | Postgraduate Qualification /<br>Degree Title: | Year Awarded:        | Institution:         |
|---|-----------------------------------------------|----------------------|----------------------|
| ⊗ | <input type="text"/>                          | <input type="text"/> | <input type="text"/> |

+ Add Item

### Currently Undertaking

Please provide details of any postgraduate training you are **currently undertaking or intend to undertake**, in the next two years.

#### Qualifications

|   | Postgraduate Qualification /<br>Degree Title: | Anticipated Completion: | Institution:         |
|---|-----------------------------------------------|-------------------------|----------------------|
| ⊗ | <input type="text"/>                          | <input type="text"/>    | <input type="text"/> |

+ Add Item

## EMPLOYMENT HISTORY

### Current Employment

|                      |                                           |
|----------------------|-------------------------------------------|
| Job Title            | Organisation                              |
| <input type="text"/> | <input type="text"/>                      |
| Commencement Date    | Clinical Contact Hours Per Week (average) |
| <input type="text"/> | <input type="text"/>                      |

Please describe the breadth of your clinical role, experience, and client/patient base (100 words):

### Previous Employment

*Your most recent prior employment working back from the current date*

**Job Title**

**Organisation**

**Commencement Date**

**End Date**

**Clinical Contact Hours Per Week (average)**

Please describe the breadth of your clinical role, experience, and client/patient base (100 words):

**Job Title**

**Organisation**

**Commencement Date**

**End Date**

**Clinical Contact Hours Per Week (average)**

Please describe the breadth of your clinical role, experience, and client/patient base (100 words):

Add details of any other employment in your CV submitted with this application form.

## HIGHLY DESIRABLE SELECTION CRITERIA

You are required to provide statements, outlining how you fulfil the following criteria, which are considered highly desirable but not mandatory, for entry into the STP.

### 1. Involvement in Teaching or Education of the Profession

List the teaching activities you have been involved with in the past three years. Include the level of student involved in the activity (undergraduate, postgraduate etc.).

#### Teaching of the Profession

| Teaching Activity /<br>Teaching Role | Level of Student/s | Frequency of<br>Activity | Total Hours Per<br>Annum |
|--------------------------------------|--------------------|--------------------------|--------------------------|
| ⊗                                    |                    |                          |                          |

+ Add Item

### 2. Involvement in Research

The training program includes a requirement to engage in research activities over the two-year training period. While prior involvement in research is not a mandatory requirement, you are requested to provide details of any research activities in which you have been involved.

#### Are you a PEDro reviewer?

☒ Yes ☐ No

#### What year did you commence reviewing?

#### How many papers have you reviewed?

#### Have you completed a course on Evidence Based Practice?

☒ Yes ☐ No

#### At which university/institution?

**Have you completed a course on Research Methodology?**

☒ Yes ☐ No

**At which university/institution?**

**Have you reviewed manuscripts for a journal?**

☒ Yes ☐ No

**How many have you reviewed?**

**For which journals?**

**Have you reviewed abstracts for a conference?**

☒ Yes ☐ No

**How often?**

**Conferences:**

**Have you been involved in a research project / trial?**

☒ Yes ☐ No

**Research Project/Trial**

|   | Title of project / trial | Chief Investigator   | Co-investigators     | Your role in project |
|---|--------------------------|----------------------|----------------------|----------------------|
| ⊗ | <input type="text"/>     | <input type="text"/> | <input type="text"/> | <input type="text"/> |

[+ Add Item](#)

**Other research activities:**

**Have you published any research \***

☒ Yes ☐ No

The training program includes skill development in scientific writing e.g.: to write and publish a case study. While skills in professional writing are not a mandatory requirement, you are requested to provide details of any publications where you have been either first author or co-author.

**Publication 1**

|   | Title | Author or Co-Author | Authors | Journal | Publication Date |
|---|-------|---------------------|---------|---------|------------------|
| ⊗ |       | Author              |         |         |                  |

**Publication 2**

|   | Title | Author or Co-Author | Authors | Journal | Publication Date |
|---|-------|---------------------|---------|---------|------------------|
| ⊗ |       | Author              |         |         |                  |

**Publication 3**

|   | Title | Author or Co-Author | Authors | Journal | Publication Date |
|---|-------|---------------------|---------|---------|------------------|
| ⊗ |       | Author              |         |         |                  |

**5. Continuing Professional Development**

Please attach a copy of your AHPRA Continuing Professional Development diary, including reflections, for the previous three years.

**List the 10 most recent and relevant professional development activities you have undertaken.**

|   | Date | Activity Title; Name of Presenter/s | Course provider (e.g., APA accredited or external provider) | Number of Hours |
|---|------|-------------------------------------|-------------------------------------------------------------|-----------------|
| ⊗ |      |                                     |                                                             |                 |

[+ Add Item](#)

## ADDITIONAL INFORMATION

Please provide responses to the following questions and statements: (Please limit each statement to 250 words)

**Recent graduates of the program have estimated that the study requirements were between 10-15 hours per week, increasing to 20-25 hours in the last 6 months of the program. Please provide an assessment of your ability to devote a minimum of 10 hours per week consistently over the two-year time frame of the training program, taking work, family, and other demands into consideration.**

**Please provide a description of the depth and breadth of your current skills and knowledge, highlighting the areas in which you wish, or will need, to expand your knowledge and skills to fulfill the requirements of the training program.**

**It is expected that Registrars will have to travel interstate to attend relevant professional development, engage in activities organised by the College for Registrars, and to interact with Specialists or other cohorts, as a way of expanding their knowledge and experience. Please provide comment on your ability and willingness to commit time and money to travel as part of your engagement with the program.**

**The College is fully committed to supporting all applicants who meet the entrance criteria to work towards successful completion of the training program. If you are aware of any issues that may require additional assistance from the College during your training time, it would be helpful for the College to know about them before you commence.**

Please outline above any health, personal, work, or other considerations that may impact on your participation in the program or that may require additional College support.

*Examples of information you may wish to include:*

*Scheduling conflicts with World Championships or Olympic/Commonwealth Games*

*Health conditions that impact your ability to travel*

*Personal or family commitments scheduled during the two-year timeframe*



## DECLARATION AND SIGNATURE

### Acknowledgments and agreements \*

- ☐ I have read and understood the requirements of the two-year Specialisation Training Program.
- ☐ I am prepared to undertake and complete all requirements of the Specialisation Training Program.
- ☐ I will be a self-directed learner and contribute to knowledge and practice.
- ☐ I will accept feedback and evaluation of peers and Facilitators in the learning process.
- ☐ I understand that I am expected to observe and be observed by experts, and that this may be face-to-face or through virtual platforms.
- ☐ I certify that the referees I have nominated have each agreed to provide a confidential reference on my behalf and that they can attest to my clinical abilities through recent personal observation in a 'real life' setting.
- ☐ If required, I am willing to provide further documentation as requested.
- ☐ I am willing to attend an interview via Zoom video conferencing as part of the selection process.
- ☐ I acknowledge that information on all requirements of the Training Program has been provided to me by the College, and that I understand these requirements.
- ☐ I acknowledge that payment is required to confirm my application and I am aware that an invoice and payment options will be received following submission of this application form.

### Signature \*

x

[draw](#) type

### Date \*



**Cover Letter \***

**Upload** or drag files here.

**Current CV \***

**Upload** or drag files here.

**AHPRA CPD Diaries for the Past Three Years \***

**Upload** or drag files here.

**Any Other Additional Supporting Material**

**Upload** or drag files here.

For enquiries please email [acp@australian.physio](mailto:acp@australian.physio), alternatively you can contact us on +61 3 9092 0873.

Website : [australian.physio/college](http://australian.physio/college)