



Information for Applicants

Important dates

- Information Session: Wednesday, 4 September 2024
- Applications Open: Monday, 16 September 2024
- Applications Close: Monday, 4 November 2024 (5:00pm AEDT)
- Interview Date: Friday, 29 November 2024

NB: In 2024 all applicants who meet the eligibility criteria will be interviewed for 2025 entry.

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

It is expected that applicants will ensure they meet the eligibility criteria before applying.

The requirements of the STP program are outlined in the Specialisation Training Program Registrar Manual available on the APA Website.

Eligibility Criteria

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 via the Experiential, Evidence Portfolio or Academic Pathway.
- Have completed three years full-time equivalent clinical practice in the relevant discipline since being Titled.

Applicants who do not meet the above eligibility criteria will be notified by College staff and will not be eligible to progress to interview.



Desirable attributes (assessed as part of the written application and at interview): teaching, research, professional and social networks, discipline-specific professional development.

Applicants must be able to demonstrate a suitable depth and breadth of clinical practice, experience and client patient base, as well as recency of practice.

Application Form and Documentation

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

Application Fee

Application Fee: \$300.00 (payable on receipt of invoice following submission)

- The application fee is non-refundable
- In 2024 (2025 intake), there will be no additional interview fee
- An invoice and payment options will be forwarded following submission of the application form.

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 that at least one of the referees is a Fellow of the Australian College of Physiotherapists.
- Referees must not be:
 - an employee with whom the applicant is associated
 - an office bearer of the College—either 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.

Selection Panel

- 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.
- Applications are reviewed by the Selection Panel prior to Interview.
- The interview process is conducted by the Selection Panel with administrative support from College staff.
- All applicants eligible for interview, will attend their interview using Zoom video conferencing.
- At interview, applicants will be assessed and scored on their answers to questions pertaining to the Selection Criteria, desirable attributes and suitability for Specialisation Training in terms of clinical skills, knowledge, client base and recency of practice.
- The Selection Panel will make a recommendation to the Fellowship Pathways Standing Committee who will endorse the successful applicants.



Application Outcome

- The outcome will be determined by the Selection Panel following consideration of both the written application and performance in the interview.
- Applicants will be contacted via email, in mid-December, with their outcome letter.
- Successful applicants receive a letter offering them a place in the program.
- Successful applicants must pay an initial training fee by a set deadline to accept their place in the program.
- Unsuccessful applicants receive a letter advising they have not been accepted into the program.

Enquiries

For further information about STP Selection contact:

Jennifer Keating, Assessment and Training Lead

Email: acp@australian.physio



Specialisation Training Program Application Form (2025 Intake)

Applications close at 5pm AEDT on Monday 4 November 2024.

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 / Region

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

Please select one from list

MANDATORY ENTRY REQUIREMENTS

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

Yes No

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

Yes No

3. Are you a Titled Physiotherapist?

Yes No

4. Have you completed 3+ years FTE of clinical practice in your chosen field of practice since being Titled? (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

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:

- an employee with whom the applicant is associated.
- an office bearer of the College—either a member of the College Council or the Board of Censors.

Referee 1

Full Name

First

Last

Phone Number

Email

Place of Work

Workplace Address

Address Line 1

City

Postal / Zip Code

Country

Relationship to You:

Reason for Nomination as a Referee:

Referee 2

Full Name

First

Last

Phone Number

Email

Place of Work

Workplace Address

Address Line 1

City

Postal / Zip Code

Country

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 / Degree
Title:**

Year Awarded:

Institution:

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 / Degree
Title:**

**Anticipated
Completion:**

Institution:

EMPLOYMENT HISTORY

Current Employment

Job Title

Organisation

Commencement Date

Clinical Contact Hours Per Week (average)

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 / Teaching Role	Level of Student/s	Frequency of Activity	Total Hours Per Annum
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Have you completed a course on Evidence Based Practice?

Yes No

Have you completed a course on Research Methodology?

Yes No

Have you reviewed manuscripts for a journal?

Yes No

Have you reviewed abstracts for a conference?

Yes No

Have you been involved in a research project / trial?

Yes No

Other research activities:

3. Professional Writing

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	Authors	Journal	Publication Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Publication 2

Title	Authors	Journal	Publication Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Publication 3

Title	Authors	Journal	Publication Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Professional and Social Networks Within the Wider Physiotherapy Sector

Please provide details of your professional and social networks within the wider physiotherapy sector. (250 words)

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

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 conferences, 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. This information will not be provided to the selection panel and will have no weight in determining your acceptance into the program.

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*
- *Limited breadth of practice in your current workplace*

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

Date

Cover Letter

Current CV

AHPRA CPD Diaries for the Past Three Years

Any Other Additional Supporting Material

For enquiries please email acp@australian.physio, alternatively you can contact us on +61 3 9092 0873.

Website : australian.physio/college