

# Process of Specialisation in Physiotherapy (Two-Year Training Program)



## Your details

Full name: .....

Postal address: .....

.....

State: ..... Postcode: .....

Email: .....

Work phone: ..... Mobile phone: .....

Gender:  Male  Female  Gender diverse  I'd prefer not to say

Aboriginal and Torres Strait Islander origin:

Aboriginal  Torres Strait Islander  Both  Neither  I'd prefer not to say

## Field of Specialisation (please tick)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cardiorespiratory              | <input type="checkbox"/> Occupational Health | <input type="checkbox"/> Musculoskeletal       |
| <input type="checkbox"/> Neurology                      | <input type="checkbox"/> Gerontology         | <input type="checkbox"/> Sports & Exercise     |
| <input type="checkbox"/> Women's, Men's & Pelvic Health | <input type="checkbox"/> Paediatric          | <input type="checkbox"/> *Eol: Pain Discipline |

\*Pain Applications are accepted as an Expression of Interest only. Program details and potential start date will be advised to those who complete and submit this Application Form.

## Mandatory requirements:

1. Are you currently registered to practise 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 member of any national groups?  Yes  No

Which groups? .....

.....

Date titling conferred: .....

If you answered 'no' to any of the questions above, you are not eligible to apply for entry to the Training Program.

It is also a requirement that you have completed **three years** of full-time equivalent clinical practice in your discipline, either after gaining Titling via the Experiential Pathway **or** after completion of your Master's Degree. If this is not the case, you are not eligible to apply for entry to the Training Program (TP).

## Titling pathway

What was your pathway to Titling? Via:

- a) Master's degree  Yes Date degree conferred: .....
- b) Experiential pathway  Yes
- c) Hybrid pathway  Yes
- d) Other .....

## The Training Program for Specialisation

The Training Program (TP) 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)

### 1. EXPRESSION OF INTEREST STATEMENT. (250 words)

### 2. REFEREES (NB: It is very important to read *'\*A note on referees'* at end of application form before completing this section.

#### Referee 1:

Name: ..... Phone: ..... Email: .....

Workplace name and address: .....

Relationship with you: .....

Reason you have nominated this referee: .....

#### Referee 2:

Name: ..... Phone: ..... Email: .....

Workplace name and address: .....

Relationship with you: .....

Reason you have nominated this referee: .....

#### Referee 3:

Name: ..... Phone: ..... Email: .....

Workplace name and address: .....

Relationship with you: .....

Reason you have nominated this referee: .....

**3. POST-GRADUATE TRAINING**

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

Post graduate qualification/degree title	Year anticipated completion	Institution

Please provide details of any post-graduate qualifications you have completed

Post graduate qualification/degree title	Year awarded	Institution

**4. EMPLOYMENT**

**Current employment**

Job title: ..... Organisation: .....

Started working here:..... Number of clinical contact hours you work each week:.....

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: .....

Started working here: (mm/yy) ..... Finished working here: (mm/yy) .....

Number of hours you work each week: .....

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

Job title: ..... Organisation: .....

Started working here: (mm/yy) ..... Finished working here: (mm/yy) .....

Number of hours you work each week: .....

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

\*Add details of any other employment as needed on a separate page.

**5. HIGHLY DESIRABLE CRITERIA**

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

**5.1 Involvement in teaching or education of the profession**

List the teaching activities you have been involved with in the past three years

Activity/level	Your role	No of hours per annum	Regular basis?

**5.2 Involvement in research**

The TP includes a requirement to engage in some research activities over the two years. While prior involvement in research is not a mandatory requirement for entry into the TP, you are requested to provide details of any research activities in which you have been involved:

**5.2.1 Involvement in a trial**

Title of research project: .....

Chief investigator and co-investigators: .....

Describe your role in the project (100 words)

Add details of any other involvement in research projects or trials (100 words)

**5.2.2 Other research activity**

Please provide details of any other research-related activity that you have undertaken, for example:

Are you a PEDro reviewer?  Yes  No

- When did you complete the requirements? (year) .....
- How many papers have you reviewed for PEDro? .....

Have you completed a course on Evidence Based Practice?  Yes  No

- At which university? .....

Have you completed a course in Research Methodology?  Yes  No

- At which university? .....

Have you reviewed manuscripts for a journal?  Yes  No

- How many? ..... Which journals? .....

Have you reviewed abstracts for a conference?  Yes  No How often? .....

Other: please describe (100 words)

**5.2.3 Professional writing**

The TP includes skill development in scientific writing eg: to write and publish a case study.

While skills in professional writing are not a mandatory requirement for entry into the TP, you are requested to provide details of any publications where you have been either first author or co-author, with the full citation and publication status eg: published or in press.

Title: .....

Authors: .....

Journal: ..... Date of publication: .....

Please detail any other publications (200 words)

**5.3 Professional and social networks within the wider-physiotherapy sector**

(Please limit your response to 250 words)

**5.4 Your own discipline-specific 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(s) of presenter(s)*	Course provider (eg APA accredited or external provider)	Number of hours

\*Use 'self' if you were one of the presenters.

**6. Additional information**

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

**6.1** Recent graduates of the TP have estimated that the study requirements were between 10 and 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. (250 words)

**6.2** Please provide a description of the depth and breadth of *your current* skills and knowledge. Please compare each of them with those described in your discipline-specific framework (as outlined in appendix 11 of the current Australian College of Physiotherapists TP Manual), highlighting the areas in which you wish, or will need, to expand your knowledge and skills to fulfill the requirements of the TP. (250 words)

## The Training Program for Specialisation (continued)

**6.3** Recent registrars have found it very beneficial 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 consider whether you would be willing and able to commit time and money to travel as part of your engagement with the TP and provide comment.

(250 words)

**6.4** The TP is intense and involves a great deal of self-directed work, requiring a high level of commitment, as outlined above. The College is fully committed to supporting all applicants who meet the entrance criteria to work towards a successful outcome of the TP. To this end, if you are aware of any issues that may lead you to require additional assistance of any type from the College during the TP, it would be helpful for the College to know about them.

Knowledge of any issues will enable the College to action any support that may be required to help you successfully engage with the TP from the start. Providing this information will have no impact on your application for acceptance into the TP. If you have any issues eg: of a physical or emotional nature, which you consider may impact on your ability to engage with the TP, please outline them here. If you prefer, please contact the ACP Manager Manager Specialisation and Fellowship Programs (250 words).



## Signed Statement / Declaration

I acknowledge having read the requirements of the Australian College of Physiotherapy two-year training program and

- Am prepared to undertake and complete all requirements of the specialisation training program
- Will be a self-directed learner and contribute to knowledge and practice
- Will accept feedback and evaluation of peers and facilitators in the learning process
- Understand 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 to, I am willing to participate in an assessment of my clinical skills by a Fellow of the College, and to provide further documentation, if required

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.

By signing this document I declare that all statements and inclusions in this application are true and correct.

Signature: ..... Date: .....

### \*A NOTE ON REFEREES

You are required to provide the names of three 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.

In addition, your referees must be able to attest to your clinical ability through recent personal observation.

NB. It is strongly recommended that at least one of the referees is a Fellow of the Australian College of Physiotherapists. However, applicants should not submit references from:

- an employee with whom the applicant is associated
- another applicant to the Training Program or a current Registrar of the College
- an office bearer of the College—either a member of the College Council or the Board of Censors.

The non-refundable application fee of \$AUD 110.00 (inc GST) must accompany this application

Applications for the 2023 Training Program intake will only be accepted on this form.

## Enquiries

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Australia