** Specialisation Training Program**

 **Application Form (2024 Intake)**

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| **YOUR DETAILS** |
| Full Name: |  |
| Postal Address: |  |
| State: |  | Post Code: |  |
| Email: |  |
| Work Phone: |  | Mobile Phone: |  |
| Gender: | [ ] Gender Diverse | [ ]  Female | [ ]  Male | [ ]  Prefer not to say |
| Aboriginal or Torres Strait Islander Status: |  |  |  |
| [ ] Aboriginal | [ ] Torres Strait Islander | [ ] Both | [ ] Neither | [ ] Prefer not to say |
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| **FIELD OF SPECIALISATION (please select one)** |
| [ ]  Cardiorespiratory | [ ]  Neurology | [ ]  Pain |
| [ ]  Gerontology | [ ]  Occupational Health | [ ]  Sports and Exercise |
| [ ]  Musculoskeletal | [ ]  Paediatric | [ ]  Women’s, Men’s, and Pelvic Health |
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| **MANDATORY ENTRY REQUIREMENTS** |  |  |  |
| 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: |  | Date awarded: |  |
|  | Discipline: |  | Date awarded: |  |
| 4. Have you completed 3+ years FTE of clinical practice in your chosen discipline since being Titled? (You must have 3+ years to be eligible for this program) |
| [ ]  Yes [ ]  No |
| 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 are not eligible to apply for entry into the Specialisation Training Program.  |
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| **TITLING PATHWAY** |
| What was your pathway to Titling? |
| [ ]  Master’s Degree | Date of degree: |  |
| [ ]  Experiential Pathway |  |  |  |  |
| [ ]  Hybrid Pathway |  |  |  |  |
| [ ]  Other:  |  |
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| **EXPRESSION OF INTEREST STATEMENT** |
| 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) |
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| **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 references from:* 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.
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| **Referee 1:** |
| Full Name: |  |
| Phone Number: |  | Email: |  |
| Place of work: |  |
| Workplace Address: |  |
| Relationship to you: |  |
| Reason for nomination as referee: |  |
| **Referee 2:** |
| Full Name: |  |
| Phone Number: |  | Email: |  |
| Place of work: |  |
| Workplace Address: |  |
| Relationship to you: |  |
| Reason for nomination as referee: |  |
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| **POSTGRADUATE TRAINING**  |
| Please provide details of any postgraduate qualifications you have already completed.  |
|  | Postgraduate Qualification / Degree Title: | Year Awarded: | Institution: |  |
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| Please provide details of any postgraduate training you are currently undertaking or intend to undertake, in the next two years. |
|  | Postgraduate Qualification / Degree Title: | Anticipated Completion: | Institution: |  |
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| **EMPLOYMENT HISTORY**  |
| **Current Employment** |
| Job Title: |  |
| Organisation: |  |
| Commencement Date: |  | Clinical Contact Hours Per Week: |  |
| Please describe the breadth of your clinical role, experience, and client/patient base (100 words): |
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| **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: |  |
| Please describe the breadth of your clinical role, experience, and client/patient base (100 words): |
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| Job Title: |  |
| Organisation: |  |
| Commencement Date: |  | End Date: |  |
| Clinical Contact Hours Per Week: |  |
| Please describe the breadth of your clinical role, experience, and client/patient base (100 words): |
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| Add details of any other employment in your CV submitted with this application form. |
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| **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 TP. |
| **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.).  |
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|  | Teaching Activity / Teaching Role | Level of Student/s | Frequency of Activity | Total Hours Per Annum |  |
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| **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.  |
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| 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 | Title of project / trial: |  |
|  | Chief Investigator: |  |
|  | Co-investigators: |  |
|  | Your role in project: |  |
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|  | Title of project / trial: |  |
|  | Chief Investigator: |  |
|  | Co-investigators: |  |
|  | Your role in project: |  |
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| Other research activities: |  |
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| **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: |  |
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| **Publication 2** |
| Title: |  |
| Authors: |  |
| Journal: |  |
| Publication Date: |  |
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| **Publication 3** |
| Title: |  |
| Authors: |  |
| Journal: |  |
| Publication Date: |  |
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| **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)  |
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| **5. Continuing Professional Development** |
| Please attach a copy of your AHPRA Continuing Professional Development diary, including reflections, for the previousthree years. List the 10 most recent and relevant professional development activities you have undertaken. |
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|  | Date | Activity Title; Name of Presenter/s | Course provider (e.g., APA accreditedor external provider) | Number of Hours |  |
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| **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.  |
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| 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.  |
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| 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.  |
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| 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 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*
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| **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. | [ ]   |
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| Signature: |  | Date: |  |
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| **ENQUIRIES** |
| Email: acp@australian.physio Phone: +62 3 9092 0873 Website: [australian.physio/college](https://australian.physio/pd/australian-college-physiotherapists)  |