Process of Specialisation in Physiotherapy



(Two-Year Training Program)

Your details	
Full name:Postal address:	
State:	Postcode:
Email: Mol	
Gender: ☐ Male ☐ Female ☐ Gender diverse ☐	
Aboriginal and Torres Strait Islander origin:	
☐ Aboriginal ☐ Torres Strait Islander ☐ Bot	h Neither I'd prefer not to say
Field of Specialisation (please tick)	
 □ Cardiorespiratory □ Neurology □ Women's, Men's & Pelvic Health □ Paediatric 	☐ Sports & Exercise ☐ *Eol: Pain Discipline
*Pain Applications are accepted as an Expression of Interest only advised to those who complete and submit this Application Form	
Mandatory requirements:	
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 e	ligible to apply for entry to the Training Program.
It is also a requirement that you have completed three years of fueither after gaining Titling via the Experiential Pathway or after cothe case, you are not eligible to apply for entry to the Training Pro	mpletion of your Master's Degree. If this is not

a) Master's degree	Titling pathway		
### 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) 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:	What was your pathway to Titling? Via: a) Master's degree b) Experiential pathway c) Hybrid pathway d) Other	☐ Yes	Date degree conferred:
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Workplace name and address: Relationship with you:		Phone:	Fmail:
Relationship with you:			
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wo years.	uate training you are currently unde	ertaking or <i>intend</i> to undertake, in the no
Post graduate qualification/degree title	Year anticipated completion	Institution
Please provide details of any post-grade	uate qualifications you have compl	eted
Post graduate qualification/degree title	Year awarded	Institution
I. EMPLOYMENT		
Started working here:Please describe the breadth of your clin		al contact hours you work each week:
Previous employment Your most recent prior employment wo		
Your most recent prior employment wo	Organisation:	
Your most recent prior employment wo Job title: Started working here: (mm/yy)	Organisation: Finished work	:
Your most recent prior employment wo	Organisation: Finished work	king here: (mm/yy)
Your most recent prior employment wo Job title:	Organisation: Finished work	king here: (mm/yy)
Your most recent prior employment wo Job title:		ient base (100 words)
Your most recent prior employment wo Job title:	ical role, experience and client/pat	king here: (mm/yy)

The Training Program for Specialisation (continued)

^{*}Add details of any other employment as needed on a separate page.

The Training Program for Specialisation (continued)

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?
5.2.1 Involvement in a trial Title of research project: Chief investigator and co-investigator Describe your role in the project (10)	Drs:		
, , , , , ,	,		
Add details of any other involvemen	t in research projects or trials (10	00 words)	

you have ur	ndertaken, for example:
	□ No
Yes	☐ No How often?
e and publis	h a case study.
ent for entry	h a case study. into the TP, you are requested to r co-author, with the full citation and
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	☐ Yes ☐ Yes ☐ Yes ☐ Yes

The Training	Program for Specialisation (continued)		
5.3 Professional and social networks within the wider-physiotherapy sector (Please limit your response to 250 words)			
	discipline-specific professional developm a copy of your AHPRA Continuing Professional I		or the previous
	st recent and relevant professional developme	ent 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)
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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.

***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 2022 Training Program intake will only be accepted on this form.

Enquiries

The Australian College of Physiotherapists college@australian.physio Address:

Level 1, 1175 Toorak Road, Camberwell, VIC 3124 +61 3 9092 0888 p: +61 3 9092 0899 f:

PO Box 437 Hawthorn BC, VIC 3122

Australia

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