



Application for admission to Fellowship by Original Contribution

Contact details

Title		APA No	
Full Name			
Street Address			
Suburb/Town			
State/Territory		Postcode	
e-mail			
Mobile phone		Work phone	

Initial qualifications in physiotherapy

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Graduate qualifications e.g. coursework masters, professional doctorate, PhD (award, date & institution).
Please enclose/attach certified copies of any postgraduate academic records.

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Physiotherapist Registration

Are you currently registered to practice physiotherapy in Australia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, please provide your registration number</i>	

Other projects

List any other relevant projects undertaken. Give details of any funding awarded for such projects.

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Application for admission to Fellowship by Original Contribution

The title of the Submission

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An outline of the scope of the Submission

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Signed Statement / Declaration

I acknowledge having read the requirements of the Australian College of Physiotherapy Fellowship by Original Contribution and

- Am prepared to undertake and complete all requirements of the Original Contribution pathway,
- Will accept feedback from my Supervisor in the development process of the submission

I acknowledge that information on all requirements of the Fellowship by Original Contribution 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.

Full name	
Signature	
Date	