Process of Specialisation in Physiotherapy



(Two-Year Training Program)

Your details		
Full name:		
Postal address:		
State:		
Email:		
Work phone: Mot	l'd prefer not to say	
Aboriginal and Torres Strait Islander origin:	The project met to day	
☐ Aboriginal ☐ Torres Strait Islander ☐ Bot	h Neither I'd prefer not to say	
Field of Specialisation (please tick)		
rield of Specialisation (please tick)		
☐ Cardiorespiratory ☐ Occupational H	ealth	
☐ Neurology☐ Gerontology☐ Continence & Women's Health☐ Paediatric	☐ Sports & Exercise	
Continence & Women's Health		
Mandatory requirements:		
Halidatory 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 a national group?	☐ Yes ☐ No	
	Which group?	
	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 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	e conferred:
b) Experiential pathway	☐ Yes	5 661161164.
c) Hybrid pathway	Yes	
The Training Program for Specialisa	tion	
The framing rogiam for specialisa	Hon	
	t learning environment.	rovide opportunities for the development of knowledge As part of the application process, you are requested easons for applying. (250 words)
1. EXPRESSION OF INTEREST STAT	FEMENT. (250 words)	
2. REFEREES (NB: It is very important to	read '*A note on referee:	s' at end of application form before completing this section.
Referee 1:	Dhana	Coopil.
		Email:
neason you have norninated this refere	J	
Referee 2:		
Name:	Phone:	Email:
Workplace name and address:		
Relationship with you:		
Reason you have nominated this referee	9:	
Referee 3:		
Name:	Phone:	Email:
Workplace name and address:		
Relationship with you:		
Reason you have nominated this referee	e:	

The Training Program for Specialisa	tion (continued)	
3. POST-GRADUATE TRAINING		
Please provide details of any post-gradutwo years.	ate training you are currently underta	aking or <i>intend</i> to undertake, in the next
Post graduate qualification/degree title	Year anticipated completion	Institution
4. EMPLOYMENT		
Current employment Job title:		
Started working here:	Number of hours yo	
Please describe the client/patient base (100 words)	
Previous employment (Your most recent prior employment wor	king back from the current date)	
Job title:	•	
Started working here: (mm/yy)	9	
Number of hours you work each week:		
Please describe the client/patient base (100 words)	
Job title:		
Started working here: (mm/yy)		g here: (mm/yy)
Number of hours you work each week:		
Please describe the client/patient base (TOO WOIGS)	

^{*}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)	

The Training Program for Specialisation (continued)		
5.2.2 Other research activity Please provide details of any other research-related activity that	you have ur	ndertaken, for example:
Are you a Pedro reviewer? When did you complete the requirements? (year) How many papers have you reviewed for Pedro?		
Have you completed a course on Evidence Based Practice? • At which university?		
Have you completed a course in Research Methodology? • At which university?		
Have you reviewed manuscripts for a journal? How many? Which journals?	☐ Yes	
Have you reviewed abstracts for a conference?	Yes	☐ No How often?
Other: please describe (100 words)		
The TP includes skill development in scientific writing eg: to writ While skills in professional writing are not a mandatory requirement or or details of any publications where you have been either toublication status eg: published or in press.	nent for entry first author o	into the TP, you are requested to r co-author, with the full citation and
Title: Authors:		
Journal:		
Please detail any other publications (200 words)		

	ssional and social networks within t hit your response to 250 words)	- p.,,p, 55555.	
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The Training Program for Specialisation (continued)
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 <i>your current</i> skills and knowledge. Please compare them with those described in your discipline-specific framework (as outlined in appendix 9 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 trainees have found it very beneficial to travel interstate to attend relevant conferences, engage in activities organised by the College for trainees 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 College Manager.
(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

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 prepared to vouch for your level of competency in the relevant field of physiotherapy. For this to occur it is strongly recommended that the referees are familiar with the standard of your clinical/practical work from 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 Associate Fellow of the College
- an official 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 2018 will only be accepted on this form.

Enquiries

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Australia