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**FELLOWSHIP OF SPORTS MEDICINE AUSTRALIA**

Sports Medicine Australia invites all current full members with a minimum of seven (7) years membership to apply for Fellowship.

**Applications for 2012 Fellowship will close on 31 July 2012.**

Fellowships will be awarded at the annual Australian Conference of Science and Medicine in Sport.

If you consider that you are eligible for the Fellowship you should submit the enclosed application form by the due date to:

Censor in Chief

C/- Sports Medicine Australia

PO Box 78

Mitchell, ACT 2911

**APPLICATION CRITERIA**

The Fellowship will be awarded to members of Sports Medicine Australia who, as at 30 June 2012:

1. Possess the appropriate tertiary qualifications required by law to enable them to practice their profession. The relevant qualification must include a higher degree related to sports medicine/science (e.g., PhD or MSc) **OR** a postgraduate/professional qualification in sports medicine/science that is relevant to the applicant’s profession and approved by the Censors (e.g., postgraduate diploma or degree).

1. Have fulfilled the requirements for Fellowship as defined by Sports Medicine Australia. These requirements are:
	1. Have been a full member of Sports Medicine Australia for seven (7) years and is currently a member in good standing.
	2. Be proposed and seconded by Fellows of the Australian Sports Medicine Federation (Sports Medicine Australia).
	3. Have attended at least four (4) of the seven (7) preceding National conferences of Sports Medicine Australia. (Note: Attendance at a relevant international meeting or conference recognised by the Censors may be accepted as equivalent to one of the conferences of Sports Medicine Australia.)
	4. Within three (3) years of application have published at least one (1) article relating to sports medicine in a refereed journal **OR** have presented at least one (1) paper, poster or workshop at a national or international conference related to sports medicine and approved by the Censors.
	5. Have made a significant contribution to the promotion of Sports Medicine Australia and to the development and practice of sports medicine/science for a minimum period of five (5) years. The following will be considered in determining this requirement:

**(i)** Clinical/Scientific Experience

* + Clinical/scientific experience in a private or public practice where a significant proportion of the work is sports medicine/science related.

**(ii)** Governance/Administration

* Involvement in governance and/or administration of Sports Medicine Australia at either State or National level.

**(iii)** Education

* Substantial involvement in organising conferences, workshops and/or presenting lectures on behalf of Sports Medicine Australia.
* Development of educational material on behalf of SMA.

**(iv)** Other

* + Editor or significant contributor to SMA publications.
	+ Service on SMA State/National conference committees.
* Development of policy, guidelines and/or other relevant material on behalf of SMA.

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**FELLOWSHIP APPLICATION FORM**

* Please answer all questions in full on this form. Do NOT just write “see CV”.
* Please attach a copy of your curriculum vitae (short versions are acceptable).
* Do not apply unless you have been a full member of Sports Medicine Australia for seven (7) years.

NAME: ……………………………………………………………………………………

ADDRESS: …………………………………………………………………………….…

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TELEPHONE: ……………………………..…. MOBILE: ………………...……...

FAX: ……………………………………………

EMAIL: …………………………………………

PROFESSIONAL MEMBERSHIP CATEGORY (Please tick one):

 MEDICINE

 PODIATRY

* SPORTS SCIENCE

 NUTRITION

* PHYSIOTHERAPY
* PSYCHOLOGY
* PHYSICAL ACTIVITY/PUBLIC HEALTH
* OTHER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please specify)

PROFESSIONAL MEMBERSHIPS (e.g.: AMA, APA, ESSA): ……………………

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**APPLICATION CRITERIA**

1. Tertiary qualification(s) required by law to practice your profession including a higher degree related to sports medicine/science (e.g., PhD or MSc) **OR** a postgraduate/professional qualification in sports medicine/science that is relevant to the applicant’s profession and approved by the Censors (e.g., postgraduate diploma or degree).

|  |  |  |
| --- | --- | --- |
| **Year Awarded** | **Qualification** | **Institution** |
|  |  |  |
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1. Requirements for Fellowship as defined by Sports Medicine Australia.
2. Full member of Sports Medicine Australia for seven (7) years and currently a member in good standing.

|  |  |
| --- | --- |
| **Required Information** | **Response** |
| Year joined as a full member of SMA |  |
| Year(s) membership lapsed (if any) |  |
| Total years of full SMA membership |  |
| Currently a member in good standing (YES/NO) |  |

1. Proposed and seconded by Fellows of the Australian Sports Medicine Federation (Sports Medicine Australia).

|  |  |
| --- | --- |
|  | **Name and contact details** |
| Proposer |  |
| Seconder |  |

**(c)** Attendance at SMA National and relevant international conferences in the last SEVEN (7) years.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Year** | **Conference Title** | **Location** |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |

1. At least one (1) refereed journal publication **OR** at least one (1) paper, poster or workshop at a national or international conference related to sports medicine.

**Refereed Journal Publications:** (give ***full*** reference details of your two (2) highest ranked, most relevant publications in the past 3 years).

**Publication 1:**

|  |  |
| --- | --- |
| **Author(s)** |  |
| **Paper Title** |  |
| **Journal Name** |  |
| **Year** |  | **Volume** |  | **Page(s)** |  |

**Publication 2:**

|  |  |
| --- | --- |
| **Author(s)** |  |
| **Paper Title** |  |
| **Journal Name** |  |
| **Year** |  | **Volume** |  | **Page(s)** |  |

**OR**

**Conference Presentations:** (give ***full*** reference details of your two (2) most recent and relevant presentations in the past 3 years).

**Conference Presentation/Workshop 1:**

|  |  |
| --- | --- |
| **Author(s)** |  |
| **Presentation Title** |  |
| **Conference Name** |  |
| **Year** |  | **Level** (e.g. National) |  |

**Conference Presentation/Workshop 2:**

|  |  |
| --- | --- |
| **Author(s)** |  |
| **Presentation Title** |  |
| **Conference Name** |  |
| **Year** |  | **Level** (e.g. National) |  |

**(e)** Contribution to the promotion of Sports Medicine Australia and to the development and practice of sports medicine/science (over the past 5 years).

**(i)** Clinical/Scientific Experience: Describe your clinical/scientific experience (over the past 5 years) in a private or public practice where a significant proportion of the work is sports medicine/science related. Provide specific details, including dates.

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**(ii)** Governance/Administration: Describe your involvement in governance and/or administration of Sports Medicine Australia at either State or National level over the past 5 years. Provide specific details, including dates.

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**(iii)** Education: Describe your involvement, over the past 5 years, in organising conferences, workshops and/or presenting lectures on behalf of Sports Medicine Australia or development of educational material on behalf of SMA. Provide specific details, including dates.

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**(iv)** Other: Describe any other relevant positions or experience you have had over the past 5 years such as Editor or significant contributor to SMA publications, service on SMA State/National conference committees; or the development of policy, guidelines and/or other relevant material on behalf of SMA. Provide specific details, including dates.

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**CHECK LIST**

* **Please make sure that you complete the check list carefully.**
* **Nominators and seconders should sight the completed check list.**
* **Incomplete applications will be rejected.**

|  |  |
| --- | --- |
| **Required Item** | **Completed** ✓ |
| **1. Tertiary qualification relevant to profession / professional qualification(s)*** Section 1 table completed
* Transcripts or certificate copies attached
 |  |
| **2. (a) Minimum seven (7) years of SMA membership*** Years of membership detailed in table
 |  |
| **2. (b) Nominator and seconder*** Nominator and seconder signed forms OR have sent email confirmation to CEO
 |  |
| **2. (c) Attendance at SMA conferences*** Attendance at conferences detailed in table
 |  |
| **2. (d) Publication/presentations*** Full details of publications OR presentations provided in table
 |  |
| **2. (e) Contribution to SMA*** Sections (i), (ii), (iii) and/or (iv) completed
* Sufficient detail has been included to satisfy Censors of service to SMA
 |  |

**PROPOSED BY**: ………………………………………………………………………...

**ADDRESS**: ……………………………………………………………………...

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**STATE**: ………………………………………… **POSTCODE**: ……………

**TELEPHONE**:  **(B)** …………………………. **(H)**: ……………………..

**SECONDED BY:** ……………………………………………………………………...

**ADDRESS**: ……………………………………………………………………...

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**STATE**: ………………………………………… **POSTCODE**: ……………

**TELEPHONE**:  **(B)** …………………………. **(H)**: ……………………..

NB: Both proposers must be Fellows of Sports Medicine Australia, preferably of the applicant’s own professional body.

Return the application to:

**Censor in Chief**

C/- Sports Medicine Australia

PO Box 78

Mitchell, ACT 2911

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