



FELLOWSHIP OF SPORTS MEDICINE AUSTRALIA

Application Eligibility

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

Applications for Fellowship will close on 31 August each year.

Fellowship will be awarded at the Sports Medicine Australia annual conference.

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

Via email as a PDF:

Censor in Chief
C/- members@sma.org.au

Via post a hard copy:

Censor in Chief
C/- Sports Medicine Australia
10 Brens Drive, Parkville VIC 3052

The Fellowship will be awarded to members of Sports Medicine Australia who, at the time of application:

1. Possess the appropriate tertiary qualification(s) 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).
2. Have fulfilled the requirements for Fellowship as defined by Sports Medicine Australia. These requirements are:
 - a. Have been a full member of Sports Medicine Australia for seven (7) years and is currently a member in good standing.
 - b. Be proposed and seconded by Fellows of the Australian Sports Medicine Federation (Sports Medicine Australia).
 - c. 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.

- d. 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.
- e. 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:

Clinical/Scientific Experience:

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

Governance/Administration:

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

Education :

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

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.

Fellowship Application Form

Please answer all questions in full. Only provide information requested in each section and **DO NOT** pad your application out with other information. 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:

..... State: Postcode:

Telephone: Fax:

Mobile:

Email:

Professional Membership Category (please tick one):

Medicine

Podiatry

Sports and Exercise

Nutrition

Physiotherapy

Psychology

Physical Activity/Public Health

Other (please specify):

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YOU MUST USE THIS FORM TO ANSWER THIS APPLICATION CRITERIA

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). Do not add qualifications unrelated to your profession.

Year Awarded	Qualification	Institution

2. Requirements for Fellowship as defined by Sports Medicine Australia.

- a. 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)	

- b. Full member of Sports Medicine Australia for seven (7) years and currently a member in good standing.

	Title & Name	Mobile Number	Email Address
Proposer			
Secunder			

c. Attendance at SMA National and relevant international conferences in the last SEVEN (7) years. Only add relevant international conferences if you have not attended 4 SMA conferences.

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

d. 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. Do not provide more than 2 publications.

Publication 1:

Author(s)					
Paper Title					
Journal Name					
Year		Volume		Pages(s)	

Publication 2:

Author(s)					
Paper Title					
Journal Name					
Year		Volume		Pages(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.

(NOTE: Only include governance/administration directly related to SMA).

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.

(NOTE: Only include educational activities that are directly related to SMA).

Checklist

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

Required Item	Completed (YES/NO)
1. Tertiary qualification relevant to profession/professional qualification(s) <ul style="list-style-type: none"> • Section 1 table completed • Transcripts or certificate copies attached 	
2. (a) Minimum seven (7) years of SMA membership <ul style="list-style-type: none"> • Years of membership detailed in table 	
2. (b) Nominator and seconder <ul style="list-style-type: none"> • Nominator and seconder signed forms OR have sent email confirmation to CEO 	
2. (c) Attendance at SMA conferences <ul style="list-style-type: none"> • Attendance at conferences detailed in table 	
2. (d) Publication or Presentations <ul style="list-style-type: none"> • Full details of publications OR presentations provided in table 	
2. (e) Contribution to SMA <ul style="list-style-type: none"> • Sections (i), (ii), (iii) and/or (iv) completed • Sufficient detail has been included to satisfy Censors of service to SMA 	

Proposed by:

Address:

..... State: Postcode:

Telephone: (B): (H): (M):

Seconded by:

Address:

..... State: Postcode:

Telephone: (B): (H): (M):

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

Return the completed application to:

Via email as a PDF:

Censor in Chief
C/- members@sma.org.au

Via post a hard copy:

Censor in Chief
C/- Sports Medicine Australia
10 Brens Drive, Parkville VIC 3052