

*ANZAHPE Office*

*c/- Health Professional Education*

*Flinders University*

*PO Box 852*

*RENMARK SA 5341*

*Tel: 0478 313 123*

*www.anzahpe.org*

**ABN 57 130 154 650**

**Application for Associate Fellowship of ANZAHPE**

Please refer to the *Criteria for Associate Fellowship and Fellowship of ANZAHPE*, as well as the *Rules for the ANZAHPE Fellowship Scheme* when you complete this form.

Full name of applicant (including prefix such as Mr, Ms, Dr, A/Prof, Prof):

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Postal address, email and contact telephone number:

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First affiliation

Current job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of element and institution:

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Second affiliation (optional)

Current job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of element and institution:

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Third affiliation (optional)

Current job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and address of element and institution:

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Please provide the name, titles, affiliations, email and contact phone numbers of **two** senior colleagues or supervisors who can be contacted as referees to verify the information you have provided in this application.

First academic referee:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Second academic referee:

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**Criterion 1:**

Please confirm that you are a current active member of ANZAHPE and specify approximately what year you joined the Association (these will be verified with the membership database):

**I confirm that am a current individual / named corporate / honorary** (circle which one applies) **member of ANZAHPE.**

My corporate membership is named in the membership of the following institution:

(please insert the name of the institution to which any corporate membership applies)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I believe that I joined the Association in ­­­\_\_\_\_\_\_\_.

Please describe the ways in which you are an ‘active member’ of ANZAHPE:

(Describe your recent activities as a member eg. Participation in the ANZAHPE conference, chairing sessions at conference, reviewing papers for conference or *Focus on Health Professional Education*, committee membership, conference organization or contributions to the *ANZAHPE e-Bulletin*.)

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**Criterion 2:**

Please list your qualifications and any health professional registration:

(Please quote usual abbreviation and then spell out in full, including conferring institution and year of completion. **Please attach a copy of your highest qualification or health professional registration.**)

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**Criterion 3:**

Please describe the ways in which you are ‘currently actively involved in health professional education’:

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**Criterion 4**:

Please give details of the presentation through which you believe you meet criterion 4 (ie ‘during the last five years, they have delivered at least one presentation[[1]](#footnote-1) at an ANZAHPE conference as first or lead author’. Please include details of which conference, the title, the presentation type and any co-authors.):

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Please confirm that you were first or lead author of this presentation:

**I confirm that I was first / lead** (circle which one applies) **author of the presentation described above.**

**Criterion 5**:

Please give details of the presentation through which you believe you meet criterion 5 (ie ‘during the past five years, they have delivered at least one other presentation\* on health professional education as first or lead author, at an ANZAHPE conference (not the same as criterion 4), or other national or international conference, or have published a scholarly article in an international peer reviewed journal in health professional education as first or lead author’. Please include details of which conference or journal, the title, the presentation or publication type and any co-authors.):

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Please confirm that you were first or lead author of this presentation or publication:

**I confirm that I was first / lead** (circle which one applies) **author of the presentation or paper described above.**

If there is any other information that you would like the Fellowship Committee to consider in assessing your application, please attach an optional statement of up to 500 words.

I hereby apply for Associate Fellowship of ANZAHPE in accordance with the *Rules for the ANZAHPE Fellowship Scheme*. I warrant that all of the information I have provided is true and accurate. I give permission for members of the ANZAHPE Fellowship Committee to contact the referees I have named above to verify the content of this application. I further undertake that, if I am awarded Associate Fellowship of ANZAHPE, I will contribute actively to ANZAHPE activities into the future (as outlined in the *Criteria for Associate Fellowship and Fellowship of ANZAHPE*) and will diligently promote scholarship in health professional education, including providing ongoing mentorship and development for more junior members of ANZAHPE who aspire to recognition at Associate Fellow level. I also consent to ANZAHPE listing my name, Associate Fellowship status and first affiliation on its website, should my application be successful.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please attach a full curriculum vitae to this application.**

1. Oral presentation, poster, PeArLS or workshop [↑](#footnote-ref-1)