

## Advanced Aesthetic Plastic Surgery Fellowship Program



### Personal details

Title:	Given Name:	Surname:	Date of Birth:	/	/
Address:			Suburb:		
State:		Country:	Postcode:		
Telephone:		Facsimile:	Email:		

### Reporting Mechanisms

1. It is prerequisite of receiving this Fellowship that the Fellow completes a clinical study on some aspect of aesthetic surgery during the Fellowship and present a paper relating to their experience at the ASAPS Annual Scientific Meeting. In addition for every 6 months of the Fellowship the Fellow will be required to present a further paper at an ASAPS meeting or international equivalent, or publish a paper in a Peer Review Journal.
2. Within one month of completion of the Fellowship, the Fellow must submit a completed signed logbook to the Education Sub-Committee of ASAPS for assessment, along with a typed report summarising the experience gained by the Fellow. This will include details of any projects undertaken, papers written, presentations made and any recommendations on how the Fellowship could be improved.
3. The logbook must be signed by both the Fellow and Mentor plastic surgeons acknowledging a true and accurate report of the Fellow's aesthetic surgery exposure during the Fellowship.
4. A typed report must also be submitted by the Principal plastic surgeon.
5. On final completion of the Fellowship, with the Fellow meeting all requirements and this having been attested to by the Mentor, the balance of the Fellowship will be paid.
6. If the fellowship is not completed for any reason then the fellow forfeits any payments including final payments.

### Additional Information

1. Date of passing Fellowship and/or Admission to Fellowship \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
2. Attach a copy of FRACS Plastic Surgery Certification. FRACS Fellowship Number \_\_\_\_\_
3. Attach a copy of your CV

I hereby apply for the ASAPS Advanced Aesthetic Plastic Surgery Fellowship Program and agree to abide by the Society's Reporting Mechanisms, provide all Additional Information and confirm I have read, understood and agree to abide by the conditions contained in the attached document "Fellowship Program":

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### Mentors & Referees

Name of Senior Mentor	Signature
Name of Second Mentor	Signature
Name of 1st Referee	Signature
Name of 2nd Referee	Signature

**OFFICE USE ONLY** Date Of Application \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Admission \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date of Completion \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_