

APPLICATION
for
GESA
Olympus 2011 St Marks
Endoscopy Fellowship

Closing Date 31 July 2010

Postal Address
GESA
PO BOX 508
MULGRAVE VIC 3170

Applications must be on this original application form
LATE, FAXED OR INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED



www.gesa.org.au

SPECIFIC CONDITIONS:

GESA / Olympus St Marks Endoscopy Fellowship

PURPOSE

The Fellowship is aimed at young Australian gastroenterologists seeking further training in advanced endoscopy and is to be undertaken at the Wolfson Unit for Endoscopy at St Mark's Hospital, London.

DEFINITION

Areas covered by the Fellowship will include gastroscopy, colonoscopy, balloon enteroscopy and capsule endoscopy, with emphasis on technique, endoscopic therapy, and training. ERCP is not part of the Fellowship, but there will be exposure to tertiary level colorectal medicine including familial polyposis and bowel cancer syndromes and inflammatory bowel syndrome, and an expectation of research output.

CAREER STAGE

The Fellowship is intended for gastroenterologists who are at or near the end of their clinical training, with a proven interest in advanced endoscopy.

VALUE

Remuneration will be approximately AUS\$70,000. Travel expenses, accommodation, GMC registration and work permits are not provided.

Conditions and funding arrangements are the responsibility of St Marks Hospital.

ADDITIONAL EARNINGS

There may be an opportunity to participate in the on-call roster, paid separately and negotiated independently after commencing the Fellowship.

TENURE

The Fellowship is for one year, commencing in February or March 2011.

ELIGIBILITY

An applicant is required to:

- Be an Australian citizen or hold Permanent Australian Residency.
- Be a current financial member of the Gastroenterological Society of Australia defined as "being a financial member of the society for at least one year prior to application for this fellowship."
- Have completed their Fellowship of the Royal Australasian College of Physicians (FRACP).
- Hold the Conjoint Committee for Recognition of Training in Gastrointestinal Endoscopy (CCRTGE) a Certification in gastroscopy and colonoscopy before commencing the Fellowship.

Date Received: _____

Application for St Marks Endoscopy Fellowship

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1. Title _____

Gender (M/F) _____

Surname _____

Given Names _____

2. Professional Qualifications:

Hold Fellowship of Royal Australasian College of Physicians _____ Year of Fellowship _____

Hold CCRTGE recognition of training in gastroscopy and colonoscopy _____ Year of Recognition _____

Financial member of the Gastroenterological Society of Australia

3. Date of Birth / /

4. Address _____

State _____ Postcode

Phone _____ Facsimile _____

Email _____

5. Citizenship/Medical/Professional Registration

(a) Are you an Australian citizen? Enter Yes or No _____

(ii) If you answered no to the above do you hold permanent Australian residency status?

Please attach evidence of residency status. Applications without this will not be considered.

(b) State of registration, registration number and expiry date:

APPLICANT DETAILS

NAME: _____

INSTITUTION: _____

GASTROENTEROLOGICAL SOCIETY OF AUSTRALIA **Supporting Reference St Mark's Endoscopy Fellowship**

NOTE: THIS REFERENCE IS TO BE FORWARDED WITH APPLICATION

Closing Date 31 JULY 2010

First Name _____

Last Name _____

Mailing Address _____

Postcode

Title _____

Qualifications _____

Present Appointments _____

CHECKLIST

Checklist of application requirements. This sheet must be completed.

Applicant _____

Department _____

Institution _____ Phone Number () _____

Project Title _____

Yes

No

Evidence of residency status (if applicable)

Certification of Medical/Professional registration in Australia (if applicable)

Academic transcript (to be attached at the end of application)

Supervisor's Report