Sydney Eye Hospital
FOUNDATION

Est. 1981
Supporting Sydney Eye Hospital
As a Centre of Excellence
Delivering World Class Patient Care

Sydney Eye Hospital Foundation
Fellowship Application Form

Prior to completing this application form, applicants must:

a) Assess their eligibility carefully – It is strongly advised that candidates complete an Internship or comparable in the country of graduation before you apply for registration in Australia. Applicants are required to provide details of successful completion of a medical internship or comparable.
b) Ensure all relevant documents will be certified correctly in accordance with AHPRA requirements. A guide to certify documents is available here on the AHPRA website.

Table of Contents:

Please specify which Fellowship this application is for:	
Ophthalmic Trauma Fellowship Feb-January	
Ocular-Oncology& Oculoplastic Fellowship (Feb- January)	
Medical Retinal Fellowship (July – June)	☐
Oculoplastic Fellowship (July – June)	☐
Corneal Fellowship (July – June)	☐
Honorary Dr Eddie Donaldson Vitreoretinal Fellowship (July – June)	☐
Glaucoma Neuro-Ophthalmology Fellowship (July – June)	☐
Honorary Mabs Melville Corneal Fellowship (January – December)	☐
Glaucoma Fellowship (January – December)	☐
Professorial (Uveitis) Fellowship (January – December)	☐
Honorary Graham Lovett Vitreoretinal Fellowship (January – December)	☐

8 Macquarie St, GPO Box 1614, Sydney NSW 2001 **P** (02) 9382 7408 **F** (02) 9382 7415 **E** enquiries@sehf.org.au

1. Cover Letter (1 Page) must outline:

i. Why you are applying for the chosen Fellowship?
ii. Relevant qualifications and experience
iii. What you hope to gain from the Fellowship?
iv. What impact the Fellowship will have when you return to your country?

2. CURRICULUM VITAE	
Personal Details	
Name	
Date of Birth	
Country of Birth	
Gender	
Home Address	
Work Address	
Home Phone	
Mobile Phone	
Work Phone	
Email	

QUALIFICATIONS		
Primary Medical Qualification (MBBS or equivalent)		
Qualification title		
Date obtained		
University		
Country		
Duration		
Was there a period of internship included in this Qualification?	**Yes** ☐	**No** ☐
If yes, please provide dates of internship (MM/YY) – (MM/YY)		
Specialist Qualification		
Qualification title		
Date obtained		
University		
Country		
Duration		
Additional Qualifications (if applicable)		
Qualification title		
Date obtained		
University		
Country		
Duration		
Certificates & Courses (if applicable) ***Please list all relevant courses attended and certificates gained eg ATLS, APLS, ACLS, EMAC, Lecturer Training, CME Courses etc.***		
Date	**Course/Certificate Information**	
Memberships		

(Please list memberships of all relevant organisations)	
Date	**Organisation**

Practise History

NOTE:

- ***List all practise history consecutively (starting with the oldest position).***
- ***List positions held during medical training (including internships).***
- ***Identify your first postgraduate year***
- ***Do not leave any gaps (please indicate any periods of time that you may have been unemployed – you may mark these periods as "personal")***

Date (MM/YY – MM/YY)	
Institution/Hospital	
Position Title	
Duties (including typical caseloads)	

Date (MM/YY – MM/YY)	
Institution/Hospital	
Position Title	
Duties (including typical caseloads)	

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Institution/Hospital	
Position Title	
Duties (including typical caseloads)	

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Position Title	
Duties (including typical caseloads)	

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Institution/Hospital	
Position Title	
Duties (including typical caseloads)	

Date (MM/YY – MM/YY)	
Institution/Hospital	
Position Title	
Duties (including typical caseloads)	
Teaching Experience (if applicable) **NOTE:** - ***Please include formal appointments by academic institutions.***	
Date (MM/YY – MM/YY)	
Institution/Hospital	
Duties	

Date (MM/YY – MM/YY)	
Institution/Hospital	
Duties	

Date (MM/YY – MM/YY)	
Institution/Hospital	
Duties	

Date (MM/YY – MM/YY)	
Institution/Hospital	
Duties	

Research and Publications **NOTE:** - ***Please list all relevant information including articles, dates, presentations, and abstracts.***
REFERENCES *(NOTE: One reference must be your current supervisor)*
Referee 1

Full Name	
Position Title	
Phone Number	
Email Address	
Relation	**Supervisor**
Referee 2	
Full Name	
Position Title	
Phone Number	
Email Address	
Relation	
Referee 3	
Full Name	
Position Title	
Phone Number	
Email Address	
Relation	

APPLICANT DECLARATION		
I declare that the information provided in this application is true and correct.		
Applicant Name	**Applicant Signature**	**Date**

I declare that I have attached certified copies of qualifications, results or performance reports from bridging courses undertaken, skills assessment, observer ship (as applicable) that have been stated in the CV to this application.		
Applicant Name	**Applicant Signature**	**Date**