



Avant and Interplast New Fellow Placement Program

Section 1 - Personal Details

1. Title *

Doctor
Associate Professor
Professor

2. Given name (s) *

3. Family name *

4. Email *

5. Mobile number *

Section 2 - Eligibility

6. Do you hold a personal professional indemnity policy with Avant? *

☐ Yes

☐ No

7. What is your Avant member ID? *

8. Citizenship Status:

Please note that successful applicants will be required to provide proof of citizenship or permanent residency. *

☐ Australian Citizen

☐ New Zealand Citizen

☐ Permanent resident of Australia

9. Do you have a FRACS in plastic surgery? *

☐ Yes

☐ No

10. In what year did you receive your FRACS in plastic surgery? *

Section 3 - Placement Questions

11. Why are you interested in supporting an Interplast activity? (max 250 words) *

12. What experience do you believe will be personally gained from participating in this placement program? (max 250 words) *

13. What challenges do you think you will see, on your placement to a developing community and how might your surgical support address these? (max 400 words) *

14. How will this experience enable you to engage in further medical voluntary service in the future? (max 250 words) *

Section 5 - References

15. Professional **Reference 1** from medical colleague supporting your application (can be in the form of a one page letter) *

Browse...

16. Professional **Reference 2** from medical colleague supporting your application (can be in the form of a one page letter) *

Browse...

Declaration by Applicant

17. Name and signature of person signing on behalf of entity *

Clear

Sign name using mouse or touch pad

Signature of

