**Asia-Pacific Knee, Arthroscopy and Sports Medicine Society (APKASS)**

**Travelling Fellowship Application Form**

**Application Instructions:**

1. Applicant must

* be a certified orthopaedic surgeon in your own country
* be under 45 years old at point of application
* speak English fluently
* be a citizen in any country in Asia-Pacific region
* be an APKASS member for at least 2 year before the trip.
* demonstrate commitment to sports medicine, excellence in research and clinical practice as manifested through presentation, publications and team service.
* make yourself available for the whole duration of the fellowship
* be prepared to submit a written report at the end of the programme
* attend the next APKASS congress and present a report in the Travelling Fellows Section

2. Please arrange the application documents in below order and saved as **one PDF file**, and send to APKASS Administrative Office via email: [**info@apkass.org**](mailto:info@apkass.org)

(i) Completed Application Form;

(ii) One Personal Statement

(not to exceed 500 words, detailing why you want to be a Traveling Fellow and what you can offer to the program)

(iii) Two Recommendation Letters

(ONE from senior orthopaedics surgeon who have worked with you in the field of orthopaedics sports medicine and knee surgery and ONE from senior orthopaedic surgeon who is familiar with your work.)

(iv) Curriculum Vitae

(v) A high resolution copy of your passport

**3.** All applications and confidential recommendation letters must reach the APKASS officeon time. Incomplete applications or those received afterthe deadline will not be considered. Please refer to website for application deadline.

Please **TYPE** or neatly **PRINT** your information on this form.

**I would like to apply for the tour to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the year of \_\_\_\_\_\_\_\_\_\_\_\_\_.**

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| **Part One: Personal Details** | | | | | | |
| First Name |  | Last Name | | |  | |
| Date of Birth |  | Age |  | | Gender |  |
| Place of Birth |  | Citizenship | | |  | |
| Cell Phone |  | Fax Number | | |  | |
| Personal Email |  | | | | (Please attach your  Passport size photo here ) | |
| Address (Home) |  | | | |
| Country |  | Zip Code | |  |

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| **Part Two: Professional Details** | | | | |
| Current Position |  | | | |
| Current Organization / Hospital |  | | | |
| Office Phone |  | Office Fax Number | |  |
| Office Email  (this will be used for future contact for this application): | |  | | |
| Office Address  (this will be used for future contact for this application): |  | | | |
| City / State / Country |  | Zip Code |  | |
| **Part Three: Referee:**  Names and address of two certified orthopaedic surgeons who will support this application: | | | | |
| Name: |  | | | |
| Organization & Email |  | | | |
| Name: |  | | | |
| Organization & Email |  | | | |

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| **Part Four: Educational Details (from High to low)** | | | |
| Degree Earned: | Institution | | Date Graduated |
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| **Part Five: Additional Training or Fellowship** | | | |
| Type of Training or Fellowship: | | Institution & Director of the Program | Period |
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| **Part Six: Professional Activities since completion of residency or fellowship**  (faculty appointments, private practice, full or part time academic practice, etc.) (name, location, month, year.) |
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| **Part Seven: Special Awards and Honors.**  **(List special awards you have received from college on)** |
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| **Part Eight: What type of practice do you engage in or aspire to.** | |
| Academic: |  |
| Community: |  |
| Administrative: |  |
| Research: |  |
| Other: |  |

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| **Part Nine: Please indicate your sports team coverage (name of sports team/years of coverage)** |
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**Part Ten: Complete your Curriculum Vitae on a separate attachment according to the following format.**

a. Name of applicant.

b. List of international and local professional medical organization to which you belong.

c. List the committee appointments, which you received in the above medical organizations.

d. List the articles that you have published. List the name of the article, journal name, authors, page numbers and the date published. Please underline you name and capitalize the name of the journal.

e. List the textbooks or chapters in textbooks, which you have written or edited. Identify title, publisher and year.

f. List the manuscripts, which have been submitted for publication, identify the article and the journal. Give date of submission.

g. List the research grants which you have received and the source. List all of the authors in their proper sequence and the amount of each grant.

h. Describe clinical and basic research work, which is now in progress.

i. List all the movies, sound slide programs, exhibits, audiotapes and videotapes that you have developed or co-developed. You should also list the scientific meetings where each has been presented.

j. List scientific presentations, which you have made to international meetings (include title of paper, organization, location, and date).

Signature of Applicant: \_\_ \_\_\_\_\_\_ Date: \_