APOA ARTHROPLASTY FELLOWSHIP ORGANISED BY APOA HIP AND KNEE SECTIONS



Announcing the 2016 Arthroplasty Travelling

Agenda:

20th March. Fellows arrive in Brisbane, Melbourne, Adelaide. Tour the arthroplasty facilities

21st March. Attend surgery / clinics in hospitals in Brisbane, Melbourne, Adelaide

 29^{th} March. Travel to Melbourne to attend the 19^{th} APOA Congress from $29^{th} - 1^{st}$ April 2016

2nd April. Attend the 9th Clare Valley Bone Meeting in Adelaide

5th April. Visit Adelaide Hospital

6th April. Grand Round at Royal Adelaide Hospital. Visit Adelaide Hospital and Research Facilities (Cell Biology Labs at University of Adelaide & Engineering Labs at Flinders University) – 2 fellows to give presentation

 7^{th} **April.** Tour of Adelaide - meet the locals, native animals at Cleland Park, lunch at the beach followed by meeting of the Adelaide Bone Group – 3 fellows to give presentation. Ends with a farewell dinner.

8th April. Fellows will return to their home

Please send applications with curriculum vitae and two references to admin@apoaonline.com

APPLICATION FORM 2016 ASIA PACIFIC ORTHOPAEDIC ASSOCIATION ARTHROPLASTY TRAVELING FELLOWSHIPS

Training details:

Name: (FAMILY, First, Initials):

Snail Mailing address:

Primary Medical degree and year: Orthopaedic Degree and year: APOA membership: Letter of good standing: Please enclose jpg copies of the document above. Other qualifications

Email address:

Handphone:

Institution / Current Practice: Address:

Institutional Fax:

I ________ agree to abide by the requirements of the Hip section of the APOA with respect to this Fellowship. I have been full member of the APOA for more than 1 year/ am a life member of the APOA. I will participate in all the organised activities. I will arrange for allnecessary visas with documentation from the Secretariat. I agree to maintain a daily blog on the Fellowship Facebook page to be shared by members of the APOA.

The following will vouch for my bona fide status as a practicing orthopaedic surgeon and for my training

Referee 1: Institutional email: Relationship:

Referee 2: Institutional email: Relationship:

Present Practice

I am a trainee / orthopaedic specialist / specialist joint replacement surgeon in training / joint replacement surgeon

I would like to participate in the Fellowship because:

Signature