**ATLS Instructor Introduction Form** Date Click or tap to enter a date.

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| **Personal Details** |
| Full Name | Click or tap here to enter text. |
| Date of Birth | Click or tap here to enter text. |
| Address | Click or tap here to enter text. |
| Suburb | Click or tap here to enter text. | Postcode | Click or tap here to enter text. |
| State/Region | Choose an item. | Country | Click or tap here to enter text. |
| Mobile Phone | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |

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|  **Medical Practice** | **Specialty** |
| Consultant | Choose an item. | Click or tap here to enter text. |
| Specialty Trainee | Choose an item. | Click or tap here to enter text. |
| General Practice | Choose an item. | Click or tap here to enter text. |
| Graduation Year | Choose an item. | Click or tap here to enter text. |
| Current fellow of a medical college? | Choose an item. | Click or tap here to enter text. |

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| **Recent hospital appointments** |
| Hospital | Position |
| 1. Click or tap here to enter text.
 | Click or tap here to enter text. |
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| **ATLS Instructor certification** |
| ATLS provider course venue and date | Click or tap here to enter text. |
| ATLS instructor course venue and date | Click or tap here to enter text. |
| ATLS instructor candidate venue and date | Click or tap here to enter text. |
| ATLS instructor course duration (no. of days) | Click or tap here to enter text. |
| How many provider courses have you taught? | Click or tap here to enter text. |
| Which sessions have you taught? |
| Click or tap here to enter text. |
| What is the latest edition you have instructed on? i.e. 9th edition, 10th edition |
| Click or tap here to enter text. |

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| **What are your reasons for applying to become an EMST Instructor?**Why do you want to be an instructor? What do you hope to achieve?Click or tap here to enter text. |
| **Do you intend to reside permanently in Australia/AoNZ?** If not, please provide details of your plans and time frame for living in Australia/AoNZ?Click or tap here to enter text. |
| **How many EMST courses do you intend to instruct on, per year?**Click or tap here to enter text. |
| **Teaching experience** - Please use the check boxes to indicate which of the following you’re involved with on a regular basis:[ ]  Undergraduate medical students [ ]  Pre-vocational medical graduates[ ]  Vocational medical graduates [ ]  Nursing[ ]  Paramedics [ ]  Other (please specify) Click or tap here to enter text. |

**Commitment to the Royal Australasian College of Surgeons, EMST Course Faculty**

Should this application be accepted, I hereby agree to:

1. Complete EMST instructor training by teaching an EMST course as an instructor candidate within twelve months.
2. Make myself available to instruct a minimum of two (2) EMST courses each year.
3. Commit to teaching EMST with RACS for a minimum of (4) years.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** Click or tap to enter a date.

**RACS Travel and Accommodation policy**RACS recognises the significant contributions made by members and non-members on a pro-bono basis to progress its work. The contributions of RACS staff and others, such as community representatives, are also acknowledged. Accordingly, RACS understands that policies and processes associated with arranging and undertaking travel should acknowledge the desire for individuals to not be directly out of pocket when travelling, or subject to arrangements that act as a disincentive to participate in RACS activities. That said, RACS has a responsibility to ensure that its limited resources are used responsibly, including in relation to travel and accommodation.

I have read the [RACS Travel and Accommodation Policy](https://racsorg.sharepoint.com/sites/Pulse/Resources/Forms/AllItems.aspx?id=%2fsites%2fPulse%2fResources%2f2023-04-28_POL-6000_Travel_and_Accommodation.pdf&parent=%2fsites%2fPulse%2fResources&xsdata=MDV8MDJ8S2F0aGVyaW5lLkRldmxpbi1NYXR0aGV3c0BzdXJnZW9ucy5vcmd8YmQwZTVmZGQ2ZTcxNDI4Mjk3MzkwOGRjOWIxYjNmNWR8MzUyNTQ0MDYxNDZhNDhkOTg2ZTI5MDNkMDdmODVjY2J8MHwwfDYzODU1NTc4ODgyMzQ4MjE2M3xVbmtub3dufFRXRnBiR1pzYjNkOGV5SldJam9pTUM0d0xqQXdNREFpTENKUUlqb2lWMmx1TXpJaUxDSkJUaUk2SWsxaGFXd2lMQ0pYVkNJNk1uMD18MHx8fA%3d%3d&sdata=SlpXUllLQTJUT0ROSVh4Qlc4UUJ2R0diSmJETGp2NktERkNiMHBrL1FZbz0%3d&clickparams=eyAiWC1BcHBOYW1lIiA6ICJNaWNyb3NvZnQgT3V0bG9vayIsICJYLUFwcFZlcnNpb24iIDogIjE2LjAuMTc1MzEuMjAxOTAiLCAiT1MiIDogIldpbmRvd3MiIH0%3D) and understand the circumstances, process and limitations under which travel must be booked and expenses reimbursed.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** Click or tap to enter a date.

**RACS Privacy Statement**

RACS is collecting the information on this form for the purpose of processing your course registration. This information may be disclosed to those responsible for the administration and conduct of the course including external parties who provide administrative and organisational support. The College may also need to verify the information provided on this form with external institutions or individuals and gather additional information in order to process your registration. We may also disclose personal information where we are required to do so by law. If you fail to provide this information the College will be unable to process your registration. You may gain access to the personal information you have provided on this form and other personal information we hold about you by contacting the College’s Privacy Officer on 03 9249 1200. You also have the right to update and correct any personal information we hold about you.

I consent to the information on this form being used and disclosed as stated.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** Click or tap to enter a date.

**Submit your application via post or email to:**

EMST Office - Royal Australasian College of Surgeons

250 - 290 Spring Street

EAST MELBOURNE VIC 3002

skills.courses@surgeons.org

Please ensure you include all the following before submitting your application.

* + Completed ATLS instructor introduction form
	+ A current detailed curriculum vitae
	+ A reference form (if not nominated by faculty on an EMST provider course)
	+ A current passport style ID photo (Head and shoulders, smiling is accepted)
	+ Signed commitment to the Royal Australasian College of Surgeons, EMST Course Faculty
	+ Signed acknowledgement of [RACS Travel and Accommodation Policy](https://racsorg.sharepoint.com/sites/Pulse/Resources/Forms/AllItems.aspx?id=%2fsites%2fPulse%2fResources%2f2023-04-28_POL-6000_Travel_and_Accommodation.pdf&parent=%2fsites%2fPulse%2fResources&xsdata=MDV8MDJ8S2F0aGVyaW5lLkRldmxpbi1NYXR0aGV3c0BzdXJnZW9ucy5vcmd8YmQwZTVmZGQ2ZTcxNDI4Mjk3MzkwOGRjOWIxYjNmNWR8MzUyNTQ0MDYxNDZhNDhkOTg2ZTI5MDNkMDdmODVjY2J8MHwwfDYzODU1NTc4ODgyMzQ4MjE2M3xVbmtub3dufFRXRnBiR1pzYjNkOGV5SldJam9pTUM0d0xqQXdNREFpTENKUUlqb2lWMmx1TXpJaUxDSkJUaUk2SWsxaGFXd2lMQ0pYVkNJNk1uMD18MHx8fA%3d%3d&sdata=SlpXUllLQTJUT0ROSVh4Qlc4UUJ2R0diSmJETGp2NktERkNiMHBrL1FZbz0%3d&clickparams=eyAiWC1BcHBOYW1lIiA6ICJNaWNyb3NvZnQgT3V0bG9vayIsICJYLUFwcFZlcnNpb24iIDogIjE2LjAuMTc1MzEuMjAxOTAiLCAiT1MiIDogIldpbmRvd3MiIH0%3D)
	+ Signed RACS privacy statement