**EMST Instructor Training Application Form** Date Click or tap to enter a date.

**Potential instructor eligibility criteria:**

* Minimum level of seniority at PGY4.
* Current clinical registration and medical practice within five years.
* Fellow or senior trainee in relevant field.
* An interest in and/or involvement in clinical trauma management.
* An interest in teaching.
* A commitment to attend a provider course as an instructor candidate within twelve (12) months of successfully completing an instructor course.

Once instructor training is complete,

* A commitment to instructing on at least two (2) EMST provider courses per year
* A commitment to instructing for RACS for a minimum of four (4) years.

**Desirable**

* Currently EMST/ATLS certified within the last five (5) years and/or current edition. \*

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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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* Previously nominated as a potential instructor. \*\*

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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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| **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. |
| EMST Course  | Code / Venue. | Course date | Click or tap here to enter text. |

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| **Referral** |
| Were you nominated by a member of EMST faculty during a provider course? | Choose an item. |
| If yes, who were you nominated by? | Click or tap here to enter text. |
| If self-nominating, you are required to submit a referral form with your application.  |
| What is the name of the doctor providing your referral? | Click or tap here to enter text. |

Application forms are comprehensively reviewed.  Therefore, please ensure your answers thoroughly address the question criteria, with specific examples of your teaching experience including planning, delivery, and evaluation of an education session. We recommend a minimum word count of 200 words per response.

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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. |
| **What characteristics do you believe would make a good EMST Instructor?**Click or tap here to enter text. |
| **What is the nature of your current involvement in the care of trauma patients?**Click or tap here to enter text. |
| **What additional involvement do you have in trauma (other than directly clinical)?**E.g. hospital committees, RACS or other committees, research, clinical audit, public education, ambulance education, publications, etc. Only include those examples which are trauma related.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. |

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| **Please provide an example of an education session where you have been the principal educator.** Describe your experience of planning the education session:Click or tap here to enter text.Describe your experience delivering the education session:Click or tap here to enter text.Describe your experience evaluating the education session:Click or tap here to enter text.What worked well and what would you change?Click or tap here to enter text. |
| **Please provide any additional evidence to support your application to become an EMST Instructor.**Click or tap here to enter text. |

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

Should this application be accepted, and upon successful completion of the EMST Instructor Course, I hereby agree to:

1. Complete EMST instructor training by teaching an EMST course as an instructor candidate within twelve months of completing the EMST Instructor Course.
2. Make myself available to instruct on 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.

**Acknowledgement of 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://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/6000-6999/POL-6000_Travel_and_Accommodation.pdf?rev=4601276c851446289aa5e9edf04ff73d&hash=E9C60ED9C0AC5C0DD8CCD7E77E406A8F) 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 when submitting your application.

* + Completed EMST instructor training application form
	+ A current detailed curriculum vitae
	+ An Instructor training referral 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://www.surgeons.org/-/media/Project/RACS/surgeons-org/files/policies/6000-6999/POL-6000_Travel_and_Accommodation.pdf?rev=4601276c851446289aa5e9edf04ff73d&hash=E9C60ED9C0AC5C0DD8CCD7E77E406A8F)
	+ Signed RACS privacy statement

\*Following submission of a successful instructor course application, approved doctors who are not currently EMST/ATLS certified will be required to observe a provider course prior to attending the instructor course.

\*\*Applicants who have not been nominated as a potential instructor on an EMST provider course require a Reference Form completed by a current EMST faculty member.