

# 2025 Application for Selection Form User Guide

2026 Intake

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# Overview of Selection to SET

Selection to the Royal Australasian College of Surgeons (RACS) Surgical Education and Training (SET) program occurs annually.

There are five stages in the selection process:

|   |  |
|---|--|
|    | <h3>Stage 1: Registration</h3> <ul style="list-style-type: none"><li>• Through the RACS website</li><li>• Opens: Tuesday 7 January 2025 (12 noon AEDT)</li><li>• Closes: Friday 31 January 2025 (12 noon AEDT)</li></ul>     |
|    | <h3>Stage 2: Application</h3> <ul style="list-style-type: none"><li>• Through Specialty Society or RACS website</li><li>• Refer to Specialty Selection regulations for application open and close dates and times.</li></ul> |
|   | <h3>Stage 3: Referee reports collected</h3> <ul style="list-style-type: none"><li>• Refer to Specialty Selection regulations for details</li><li>• Collected: April - May 2025</li></ul>                                     |
|  | <h3>Stage 4: Interviews</h3> <ul style="list-style-type: none"><li>• Refer to Specialty Selection regulations for details</li><li>• Conducted: June - July 2025</li></ul>  |
|  | <h3>Stage 5: Announcement of Offers</h3> <ul style="list-style-type: none"><li>• Refer to Specialty Selection regulations for details</li><li>• Last date for offers: Friday 7 November 2025</li></ul>                       |

This document is a guide to **Stage 2** (Application) of the Selection to SET process for specialties which use the RACS online application form.

1. Cardiothoracic Surgery
2. Otolaryngology, Head & Neck Surgery (Aotearoa New Zealand)
3. Paediatric Surgery
4. Plastic & Reconstructive Surgery (Aotearoa New Zealand)

**For any questions about specialty specific requirements please contact the relevant specialty committee/ board via their email address new**

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|                               |  |
|-------------------------------|--|
| <b>Cardiothoracic Surgery</b> | <a href="mailto:Cardiothoracic.Surgery@surgeons.org">Cardiothoracic.Surgery@surgeons.org</a> |
|-------------------------------|--|

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|   |  |
|---|--|
| <b>Otolaryngology, Head &amp; Neck Surgery<br/>(Aotearoa New Zealand)</b> | <a href="mailto:Gloria.Aumaivao-Tasi@surgeons.org">Gloria.Aumaivao-Tasi@surgeons.org</a> |
|---|--|

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|                           |  |
|---------------------------|--|
| <b>Paediatric Surgery</b> | <a href="mailto:Committee.PaediatricSurgery@surgeons.org">Committee.PaediatricSurgery@surgeons.org</a> |
|---------------------------|--|

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|  |  |
|--|--|
| <b>Plastic &amp; Reconstructive Surgery<br/>(Aotearoa New Zealand)</b> | <a href="mailto:training@plasticsurgery.org.nz">training@plasticsurgery.org.nz</a> |
|--|--|

**For any questions about the RACS application form itself please contact SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) )**

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Eligible registrants to the following specialties can apply for selection through the specialty societies. For information about how to apply, visit the relevant specialty website(s) below.

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|                             |  |
|-----------------------------|--|
| General Surgery (Australia) | <a href="http://www.generalsurgeons.com.au/">www.generalsurgeons.com.au/</a> |
|-----------------------------|--|

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|  |  |
|--|--|
| General Surgery (Aotearoa New Zealand) | <a href="http://www.nzags.co.nz/">www.nzags.co.nz/</a> |
|--|--|

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|              |  |
|--------------|--|
| Neurosurgery | <a href="http://www.nsa.org.au/">www.nsa.org.au/</a> |
|--------------|--|

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|                                 |  |
|---------------------------------|--|
| Orthopaedic Surgery (Australia) | <a href="http://www.aoa.org.au/">www.aoa.org.au/</a> |
|---------------------------------|--|

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|   |  |
|---|--|
| Orthopaedic Surgery<br>(Aotearoa New Zealand) | <a href="http://www.nzoa.org.nz/">www.nzoa.org.nz/</a> |
|---|--|

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|  |  |
|--|--|
| Otolaryngology, Head & Neck Surgery<br>(Australia) | <a href="http://www.asohns.org.au/">www.asohns.org.au/</a> |
|--|--|

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|   |  |
|---|--|
| Plastic and Reconstructive Surgery<br>(Australia) | <a href="http://www.plasticsurgery.org.au/">www.plasticsurgery.org.au/</a> |
|---|--|

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|         |  |
|---------|--|
| Urology | <a href="http://www.usanz.org.au/">www.usanz.org.au/</a> |
|---------|--|

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|                  |  |
|------------------|--|
| Vascular Surgery | <a href="http://www.anzsvs.org.au/">www.anzsvs.org.au/</a> |
|------------------|--|

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## General Information

Selection to the RACS Surgical Education and Training (SET) program occurs annually. Eligibility to apply was assessed during registration for selection to the SET program (between 7 January and 31 January 2025).

If you wish to apply in 2025 for entry to the SET program in 2026, you **must** have registered for selection between 7 January and 31 January 2025. To progress to submit an application you must have received an email confirming your eligibility and the specialties you are eligible to apply to.

### Application Dates

#### 2025 SET SELECTION APPLICATION

##### CARDIOTHORACIC SURGERY

- **Opens:** 12:00 noon (AEDT) Wednesday 19 February 2025
- **Closes:** 12:00 noon (AEDT) Thursday 27 March 2025

##### OTOLARYNGOLOGY, HEAD & NECK SURGERY (Aotearoa New Zealand)

- **Opens:** 14:00 NZDT (12:00 noon AEDT) Wednesday 19 February 2025
- **Closes:** 19:00 NZST (17:00 AEST) Thursday 27 March 2025

##### PAEDIATRIC SURGERY

- **Opens:** 12:00 noon (AEDT) Wednesday 19 February 2025
- **Closes:** 12:00 noon (AEDT) Wednesday 12 March 2025

##### PLASTIC & RECONSTRUCTIVE SURGERY (Aotearoa New Zealand)

- **Opens:** 14:00 NZDT (12:00 noon AEDT) Wednesday 19 February 2025
- **Closes:** 14:00 NZDT (12:00 noon AEDT) Thursday 27 March 2025

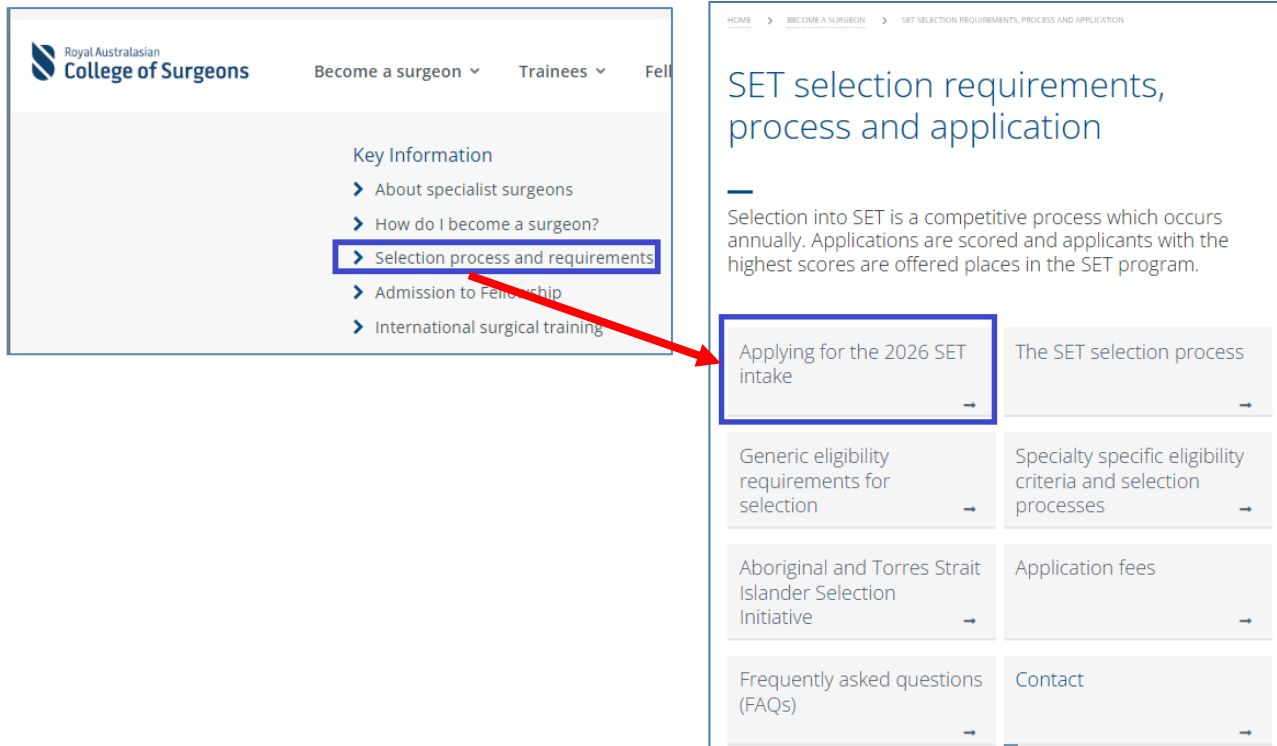
**You must complete your application, including payment of the application fee prior to the relevant application closing deadline. There are strictly no extensions to this deadline regardless of any circumstances.**

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## Accessing the Application Form

While applications for SET selection are open, the online form is available on the RACS website on the [Applying for the 2026 SET intake](#) webpage.

(<https://www.surgeons.org/become-a-surgeon/set-selection-requirements-process-and-application/Applying-for-the-2026-SET-intake>)



To access the form, click on the *Apply for SET Selection* button and enter your RACS login details. These are the same username and password that you used to register for 2025 SET selection.

[APPLY FOR SET SELECTION](#)

If you can't remember your details, try:

- resetting your [password](https://account.surgeons.org/Recovery/PasswordResetInitial) (<https://account.surgeons.org/Recovery/PasswordResetInitial>) or
- retrieving your [username](https://account.surgeons.org/Recovery/username recoveryInitial) (<https://account.surgeons.org/Recovery/username recoveryInitial>).

**If you experience any technical difficulties while completing the application form, email SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org)).**

**Please include relevant screenshots as well as a detailed explanation of what happened (including any errors which were generated).**

**Error messages can be captured by:**

- Press the Print Screen [PrtScn] button on the keyboard to copy the error message that appears on the screen
  - Paste the error message into your email
-



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## General

The RACS server saves all form information (including documents you upload as supporting evidence) as you progress through your application. You can complete your application over several sessions if needed.

You can navigate to the different sections of the form either through the menu at the top of the page, or by using the *Back* and *Next* buttons at the bottom of the page.

### **Important:**

**Please make sure you allow enough time to complete and submit your application.**

Even if you have started your application, you will **not** be able to submit it after the deadline. **There are strictly no extensions to the deadline.**

We strongly recommend that you check your application before submitting as **once you have submitted your application and made payment no changes can be made.**

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## Fees

You will be charged a non-refundable application processing fee for each specialty you apply to.

The 2025 fees are:

| <b>Speciality</b>   | <b>Country / Countries</b>          | <b>Fee</b>                |
|---|-------------------------------------|---------------------------|
| Cardiothoracic Surgery  | Australia / Aotearoa<br>New Zealand | AUD \$920.00 (GST-exempt) |
| Paediatric Surgery  | Australia / Aotearoa<br>New Zealand | AUD \$920.00 (GST-exempt) |
| Otolaryngology, Head and Neck<br>Surgery – Aotearoa New Zealand | Aotearoa New Zealand                | NZD \$1,135.00 (incl GST) |
| Plastic and Reconstructive Surgery –<br>Aotearoa New Zealand    | Aotearoa New Zealand                | NZD \$1,500.00 (incl GST) |

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## Other Resources

We recommend that you read the following policies as well as the selection requirements for all specialties you are applying to.

Policy: [Registration and Selection to Surgical Education and Training](#)

Policy: [Aboriginal and Torres Strait Island Surgical Trainee Selection Initiative](#)

### Specialty Specific eligibility requirements (including Regulations):

- [Cardiothoracic Surgery](#)
- [Otolaryngology Head and Neck Surgery – Aotearoa New Zealand](#)
- [Paediatric Surgery](#)
- [Plastic and Reconstructive Surgery – Aotearoa New Zealand](#)

### Important:

**Please make sure all documentary evidence you upload to support your application meets the requirements specified in the selection regulations.**

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If you have any difficulties with completing the selection application form, email SET Enquiries ([SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org)).

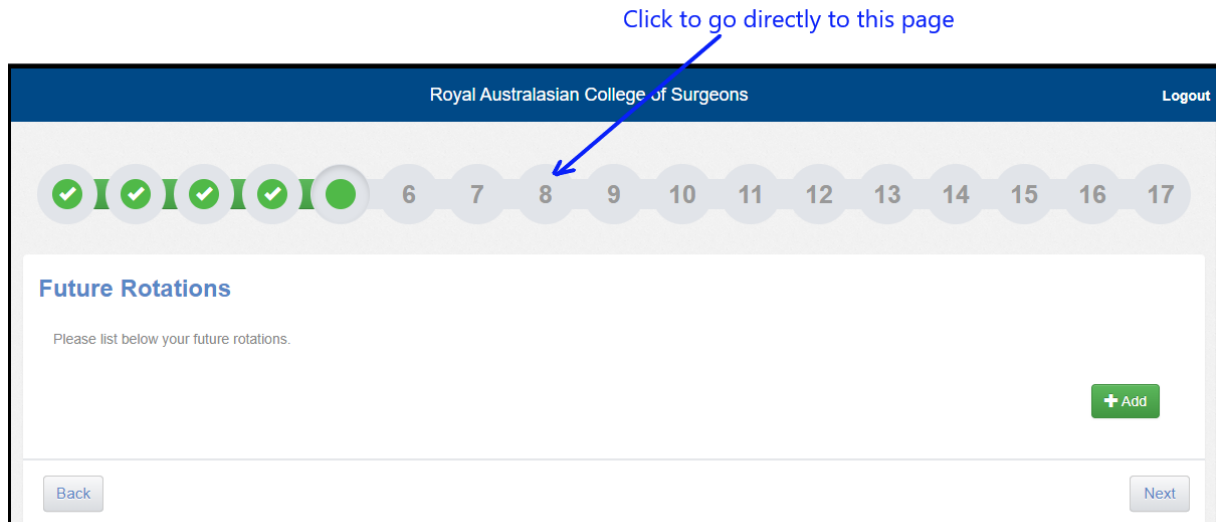
Please include screenshots as well as details of what happened when the error was generated

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## Form navigation

You can navigate to the different sections of the form either through the menu at the top of the page, or by using the *Back* and *Next* buttons at the bottom of the page.



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## Supporting documents

Some sections of the application form require supporting documentary evidence to be uploaded. These documents must be:

- Adobe Portable Document Format (\*.pdf) OR JPEG file interchange format (\*.jpg).
  - **No other** file formats are able to be uploaded.
  - Please convert any file format to either a PDF or a JPEG.
- less than 1.5MB in size
- *not* be password protected
  - see next section for how to identify if a PDF is password protected as this is the most common document type this applies to.

**RACS is unable to assist with scanning or converting documents to the correct format.**

We recommend that you check all documents **before** uploading and saving them in a suitable format so you can upload them easily.

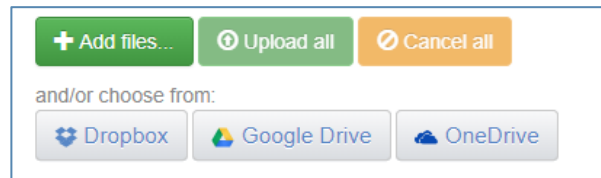
**You will not be able to submit your registration until all required documents have been uploaded.**

If a page has mandatory information missing, it will be orange in the top navigation bar.



You can upload documents from:

- Your computer
- Dropbox
- Google Drive
- OneDrive



While a document is uploading the status will show as *Pending*. You will not be able to navigate away from the page while a document upload is in progress.

| Progress | Status  | Actions   |
|----------|---------|---|
|          | Pending | <a href="#">Download</a> <a href="#">Remove</a> |

If a document cannot be uploaded the status will show as *Error*. **Remove the document** and check that it meets all the requirements on the previous page

| Progress | Status | Actions   |
|----------|--------|---|
|          | Error  | <a href="#">Download</a> <a href="#">Remove</a> |

**Important:**

**DO NOT attempt to continue with your form until you have removed the document that is unable to be uploaded. This can corrupt the application form if it is not removed.**

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Once a document has been uploaded successfully the status will show as *Completed*.

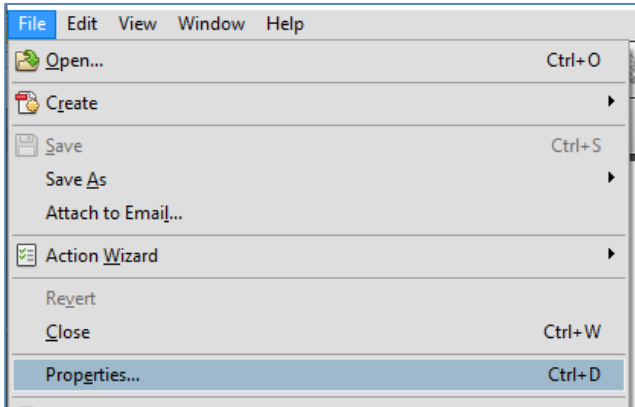
| Progress | Status    | Actions   |
|----------|-----------|---|
|          | Completed | <a href="#">Download</a> <a href="#">Remove</a> |

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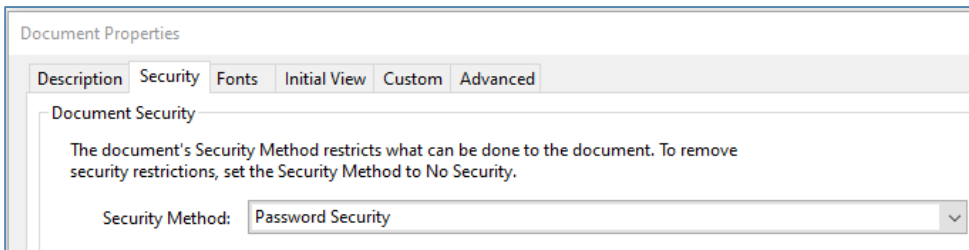
# Identifying if a PDF is password protected

PDFs (especially certificates) are the most common documents which will be protected with a password.

Open the PDF and navigate to the *File* menu. Select *Properties*.

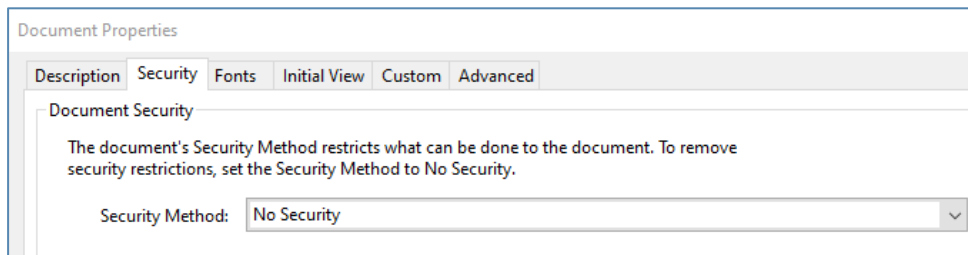


Open the *Security* tab.



If the security method indicates 'password security', the document is password protected.

You will need to print and scan the document to obtain an unprotected copy. The new copy should be able to be uploaded without difficulty.



If the security method displays as *No Security*, the PDF is not password protected and you can upload the document as evidence.

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# Online Application Form – notes for individual pages

## 1. Personal Details

After accessing the application form and logging into your RACS account, the application form will show your contact details that are currently on record with RACS.

**Surgical Education and Training Program Application**

Prior to commencing your application, please read the RACS policy below and website information on specialty training and selection.

- Selection to Surgical Education and Training
- Guide to Application for Selection to SET Form
- Specialty Selection Regulations

Applicants are responsible for ensuring that all necessary evidence is included in their application at the time of submission. No additional evidence will be accepted once an application has been submitted.

**Personal Details**

The contact details displayed below are those you currently have registered with RACS. It is your responsibility to ensure that the contact details held by RACS are correct. If any of these contact details are incorrect please email the updates to [SETenquiries@surgeons.org](mailto:SETenquiries@surgeons.org).

|               |  |
|---------------|--|
| Name          | ██████████                               |
| Address       | ██ |
| Telephone     | ██████████                               |
| Mobile Number | ██████████                               |
| Fax           | ██████████                               |
| Email         | ██████████                               |

[Update Details](#)

**Check** that the listed email address and phone number will be active during business hours for the entire selection period.

If any details are not correct, click on the **Update Details** button. Your RACS Portfolio will open in a new tab so you can make your updates. If you have difficulty updating your details, email [SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) and ask that they update your details for you.

## 2. Preferences

All specialties you are eligible to apply to will appear here. If you do not wish to apply for a specialty, you can remove it by clicking on the **Remove** button.

Please note that specialties can only be removed from this page.

|  |                        |
|--|------------------------|
| Cardiothoracic Surgery                       | <a href="#">Remove</a> |
| Plastic & Reconstructive Surgery New Zealand | <a href="#">Remove</a> |

If you select the wrong specialty (or decide **before** you submit your application that you wish to apply to the removed specialty) click the **Undo** button to reinstate the specialty.

|                        |                      |
|------------------------|----------------------|
| Cardiothoracic Surgery | <a href="#">Undo</a> |
|------------------------|----------------------|

**You will not be able to make any changes to your selection once you have submitted the form**

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## Deferral and Research

### Question 1: Deferral and Research

If your application is successful do you plan to apply to defer your entry into the SET Program or undertake a period of research during your first year?

- Yes  
 No

Please refer to the RACS Trainee Registration and Variation Policy.

You are asked to indicate whether you plan to defer your entry into the SET program or to conduct accredited research during your first year if your application is successful. This question is asked so specialties can maximise the number of offers that may be made.

## Geographical Preferences

### Question 2: Geographical Preferences

This question allows you to provide preferences for potential training locations within the SET Program. Please rank the geographical locations you wish to be considered for in sequential order with 1 being your first preference.

It is essential to note that in some cases preferences may be utilised to assist in determining whether you are appointed to the SET Program. Where you have selected 'NP' you may not be considered for selection in that geographical location.

If there is a particular region you do not wish to be considered for please select 'NP'. To change the rank of a preference, first ensure that 'NP' is not ticked, then click 'Select' to highlight the record. The arrows on the left allow you to move your selection up or down according to your preference.

|   |         |        |                             |
|---|---------|--------|-----------------------------|
| 1 | NSW/ACT | Select | <input type="checkbox"/> NP |
| 2 | NZ      | Select | <input type="checkbox"/> NP |
| 3 | QLD     | Select | <input type="checkbox"/> NP |
| 4 | SA      | Select | <input type="checkbox"/> NP |
| 5 | VIC/TAS | Select | <input type="checkbox"/> NP |
| 6 | WA      | Select | <input type="checkbox"/> NP |

You are now asked to rank your preferred locations for training. If there is a specific region you do **not** wish to be considered for, select 'NP' (No Preference).

To reorder the regions in this question, click on the *Select* button for a particular region then use the arrows to move your selection up or down. Your changes will be saved automatically.

|   |    |        |                             |
|---|----|--------|-----------------------------|
| 4 | SA | Select | <input type="checkbox"/> NP |
|---|----|--------|-----------------------------|

Depending on the specialty selection regulations, your preferences **may** be used to determine whether you are offered a place in the SET program.

**There is no guarantee that your regional preferences will be able to be accommodated if you are successful in your application to the SET program**

## Otolaryngology Head and Neck Surgery – Aotearoa New Zealand ONLY

**Applicants to other specialties will not see this question.**

### Question 3: Garnett Passe and Rodney Williams Foundation Research Program

OHN - Australia and New Zealand allows for some candidates to undertake full time research through the Garnett Passe and Rodney Williams Foundation prior to commencing clinical training. For further information on the projects available, please contact <http://www.gprwmf.org.au/>

If you would like to be considered for entry into this program, your contact details will be shared with the Garnett Passe and Rodney Williams Foundation who award the scholarships.

Garnett Passe and Rodney Williams Foundation Research Program.

- Yes  
 No

### Garnett Passe and Rodney Williams Foundation Research Program

Applicants applying to Otolaryngology, Head and Neck Surgery in Aotearoa New Zealand will be asked if they wish to be considered for entry into this program. If so, you will need to enter your research area of interest and details of your supervising professor.

**NOTE: If you select the Yes option for this question, the application form will require that the related compulsory fields are populated (even if you subsequently select No) before you submit your application form.**

**If you select Yes in error (you don't wish to be considered for the Garnett Passe and Rodney Williams Foundation Research Program) to be able to submit your form you will need to enter n/a (or other similar text) in all required fields for this question and then select the No radio button option to hide the fields.**

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### 3. Disclosure

**Disclosure**

In the last 10 years, have you been made aware any notification or complaint to the Medical Board of Australia, the New Zealand Medical Council, AHPRA, or any other regulatory health complaints entity in any State or Territory of Australia or in Aotearoa New Zealand relating to your medical practice?

Yes  
 No

If you have practiced in other countries, are you aware of any similar notification or complaints made in those countries?

Yes  
 No

Are you aware of any formal complaint made to any hospital or health service in which you have been engaged or employed during the last five years?

Yes  
 No

Are you aware of any other formal complaint being made otherwise in relation to your practice in the last five years?

Yes  
 No

If you have answered yes to any of the above questions, please upload attachment providing full details.

**NOTE:** Disclosure of any matters will not automatically disqualify you but are relevant to the Committee's assessment of your suitability to the SET Program.

Please click Add files button to upload attachments.  
HINT: Password protected documents cannot be uploaded. Please refer to the [Guide to Application for Selection to SET Form](#) for tips.

Please respond to all questions in the disclosure section of the application form. All questions in this section must be answered.

**NOTE:** If you answer 'Yes' to any of the questions in this section, you **must** upload a document with full details.

### 4. Qualifications

**Qualifications**

Please list below qualifications, excluding your primary medical qualification, which you have completed or are in the process of completing. Do not list qualifications which you have not yet commenced. The documentary evidence attached must be either an academic transcript or certificate of completion from the institution. Do not include membership to associations, societies or medical examinations such as the Australian Medical Council.

List all qualifications (excluding your primary medical qualification) including any Postgraduate degrees you have completed or commenced.

**Important:** You must check specialty selection regulations and CV scoring guidelines (if relevant) for details of:

- which qualifications will be scored
- when qualifications must have been completed by to be scored
  - time of application *or* close of application
- what evidence needs to be provided as proof of qualification

## 5. Previous and Current Rotations

### Previous and Current Rotations

Please list below your previous and current rotations. You must list each rotation in each separate discipline as a new record which means you can have multiple records for a single year. Please list your rotations in date order from earliest to current.

Please refer to individual specialty Selection Regulations to determine if documentary evidence is required for each rotation.

- List rotations in date order from earliest to current
- Information needed for each rotation is:
  - Postgraduate year (PGY)
  - Start date of rotation
  - End date of rotation
  - Position (select option from drop-down list)
  - Specialty (select option from drop-down list)
  - Time Commitment (select option from drop-down list)
  - Hospital name
  - Whether it is a mandatory rotation for the specialty you are applying to.

**Upload** appropriate evidence for your rotations.

Documentary evidence of surgical experience must be submitted. The Specialty Selection Regulations detail the evidence required. No other forms of evidence will be accepted.

If a rotation is a **mandatory** rotation, you **must** upload evidence for it.

Is this a mandatory rotation

Yes  
 No

Indicate if the rotation is mandatory for the specialty for which you are submitting an application. Evidence of the rotation must be attached

If a single document provides evidence for multiple rotations, it only needs to be uploaded once. Upload the document to the earliest rotation, then for later rotations select that documentation is already uploaded (shown below)

Has the evidence for this rotation been included in documentation attached to another rotation entry?

Yes  
 No

Indicate if the evidence for this rotation has been attached in other rotation. If yes, please do not attach again.

**However**, if one of the later rotations is a mandatory rotation, you will need to upload the documentation again.

## 6. Future Rotations

Enter the details for any confirmed rotations in 2025 which were not included in the previous page (i.e. not yet started). The same information is needed as for your previous and current rotations.

## 7. Referees

**Please make sure you read the relevant referee requirements of the specialty you're applying to before completing this page.**

If you do not provide the required referees for a specialty you may not proceed further in the selection process.

### Cardiothoracic Surgery

Applicants must provide the contact details, including a valid email address and phone number, for a minimum of three (3) and a maximum of five (5) Referees. The Referees should be listed in the Applicant's preferred order from most preferred to least preferred.  
Please refer to specialty regulations for further information regarding valid referees.

### Otolaryngology Head and Neck Surgery - New Zealand

The applicant must provide the contact details including a valid email address for the following:

A minimum of four (4) surgical consultants, including one (1) OHNS consultants who have worked with the applicant since 1 January 2020 and prior to 11 April 2025.

- Referees must be Surgical Consultants (FRACS or an SIMG with full vocational registration) at the time of supervision and able to comment on all aspects of the applicant's work-place performance.
  - Referees cannot be a RACS SET trainee of the College at the time of the rotation,
  - Referees cannot be an SIMG under assessment of the MCNZ/RACS at the time of the rotation.
  - Referees must have worked with the applicant for a minimum of eight (8) weeks (or full-time equivalent).
- Applicants who are current SET Trainees must include in their list of referees:
  - One (1) consultant from an OHNS unit even if the rotation was prior to 1 January 2020.
- Applicants in Full-time Research (listed referees must include):
  - Surgical referees may be provided from part-time clinical work if all other criteria are met.
  - One (1) consultant from an OHNS rotation must be included even if the rotation was prior to 1 January 2020.
  - Applicants may provide referees from the two clinical years prior to commencing full-time research.
  - Current research supervisor.

### Paediatric Surgery

Applicants must provide the full name, email address and mobile number of all Supervising Consultants with whom they have worked in a Team during the last two (2) years prior to 3 February 2025. Do not list consultants from an attachment that was less than 10 weeks in duration, or which commenced after 3 February 2025.

In addition, applicants must submit an employment history organised by order of recency in the Additional Documents section of this form.

Please refer to section 9.2 of the Selection Regulations.

### Plastics & Reconstructive Surgery - AoNZ

Applicants must provide contact details for:

- All Plastic & Reconstructive Surgery (PRS) consultants under whose direct supervision they have worked regularly on a team in the past three (3) years.
  - Applicants may select three (3) PRS consultants as their preferred referees. Preferred referees must be listed as the first three (3) in the list of referees
  - PRS Supervisors of Training must not be listed as referees as they are on the Selection Committee and conduct telephonic referee interviews.
- Minimum of three (3) and maximum of five (5) AoNZ PRS SET trainees with whom they have worked regularly on a team in the past two (2) years. Referees must have been PRS SET trainees at the time the Applicant was working with them.
- Minimum of two (2) and maximum of four (4) PRS nurses, including clinical nurses unit managers, charge nurses, clinical nurse consultants or unit nurses with whom they have worked within the last two (2) years.

Please refer to specialty regulations for further information.

You will need to enter referees separately for each specialty you apply to using this form. This allows you provide the appropriate referees for each application.

Information needed for each referee is:

- Name
- Referee position (select from drop down list)
- Address
- Phone
- Email
- Institution where you worked with them
- Rotation during which referee worked with you (drop-down populated from information entered on page 5)

The screenshot shows a form with the following fields and labels:

- Title (dropdown), Given Name (text), Surname (text), Referee Position (dropdown) - all marked as Required.
- Contact Address (text), Country (dropdown), City (text), State (text), Postcode (text) - all marked as Required.
- Telephone (text), Mobile (text), Facsimile (text), Email (text) - all marked as Required.
- Institution (text), Previous or Current Rotation (dropdown) - both marked as Required.

Below the Institution field, there is a note: "Institution where you worked with the referee" and "Select the previous or current rotation to which this referee relates to".

It is your responsibility to notify your referees that they may be contacted during the referee reporting period.

### Paediatric Surgery

If you apply to this specialty, there are specific requirements that must be met for the application to be considered eligible. Applicants **must** read the Referee Reports section (**Section 9**) of the 2025 Selection Regulations – Committee of Paediatric Surgery, **before** completing this page and submitting your application.

## 8. Research Supervisors

If you have research projects which you wish to include, provide details of your research supervisor(s) on this page. The information entered here will be used in the next page of the online form.

Information needed for each research supervisor is:

- Research Supervisor position (select from drop-down list)
- Address
- Phone
- Email
- Institution where you worked with them

### Research Supervisors

Please complete below the details for your nominated research supervisors.

Details of research supervisors that have supervised research projects must be entered on this form prior to completing the Research section of the application.

|   |            |           |                              |          |
|---|------------|-----------|------------------------------|----------|
| Title   | Given Name | Surname   | Research Supervisor Position |          |
| Required  | Required   | Required  | Required                     |          |
| Select the current position of the Research Supervisor Position from the drop-down list. If the correct position is not on the list, please select the closest available match. |            |           |                              |          |
| Contact Address   | Country    | City      | State                        | Postcode |
| Required  | Required   |           |                              |          |
| Telephone   | Mobile     | Facsimile | Email                        |          |
| Required  |            |           | Required                     |          |
| Institution   |            |           |                              |          |
| Required  |            |           |                              |          |
| Institution where you worked with the referee   |            |           |                              |          |

## 9. Research

Provide details of any research projects which you wish to include.

Information needed for each research project is:

- Subject of Research
- Name of Institution
- **Your** position at the institution
- Time Commitment
- Research Supervisor (drop-down from page 7)
- Commencement date
- Completion date
- Associated Qualification (if applicable)

**Upload** appropriate evidence for your research. This can be either documentary evidence of completed research, or if your research has not been completed, a letter of recommendation from your Supervisor.

### Research

Please complete the Research Supervisors page prior to completing this page indicating details of supervisors for any research projects undertaken.

A maximum of six (6) research projects can be entered as part of your application. Research projects must have commenced prior to the closing date for applications.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate.

|  |   |  |   |   |
|--|---|--|---|---|
| <input type="text" value="Research Subject"/>  | <input type="text" value="Institution"/>  | <input type="text" value="Position"/>  | <input type="text" value="X"/>                |   |
| Enter the name or subject of your research project.  | Enter the name of the institution at which you undertook the research. If the institution is overseas, include the name of the institution plus the country (eg. Harvard University, USA).  | This question is mandatory for Otolaryngology Head & Neck Surgery - Australia only. For all other users (including Otolaryngology Head & Neck Surgery - New Zealand) this is an optional question. |   |   |
| <input type="text" value="Time Commitment"/>   | <input type="text" value="Supervisor"/>   |  |   |   |
|  | Please select the supervisor for this research project from the list provided. The list of potential supervisors is generated from the Research Supervisors page. If your supervisor does not appear, please add them on the Research Supervisors page. |  |   |   |
| <input type="text" value="Commencement Date"/>   | <input type="text" value="(Expected) Completion Date"/>   | <input type="text" value="Duration (Weeks)"/>  | <input type="text" value="Duration (Weeks)"/> | <input type="text" value="Associated Qualification (if applicable)"/> |
| Enter the date on which your research project commenced. The format must be DD/MM/YYYY (eg. 14/05/2001). | Enter the date on which your research project ended or will end. The format must be DD/MM/YYYY (eg. 01/06/2002).  |  |   |   |

**Please make sure you have read the relevant sections of the specialty selection regulations you're applying to before completing the next three pages.**

Publications, Presentations, and Professional Development activities which do not meet requirements or do not have the appropriate supporting evidence will **not** be scored.

## 10. Publications

### Publications

Please list below any publications published, or accepted for publication, in a refereed publication up to a maximum of twenty (20). Do not include published abstracts or publications which have been submitted but not yet accepted for publication.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate and what documents are acceptable evidence.

Please ensure you are aware of the scoring limitations for the specialty you are applying for.

|   |   |  |                      |
|---|---|--|----------------------|
| <input type="text"/>                          | <input type="text"/>  | <input type="text"/>   | <input type="text"/> |
| Title of Manuscript                           | Title of Publication/Journal  | Publication Type   |                      |
| Enter the exact title of your published item. | Enter the name of the publication/journal. For published papers, include the volume/issue number(s). For text books, include the chapter number(s). |  |                      |
| <input type="text"/>                          | <input type="text"/>  | <input type="text"/>   |                      |
| Publication Status                            | Which author were/are you?  | Publication/ Acceptance Date   |                      |
|   |   | For published papers, enter the date on which your work was published. For accepted, but not yet published papers, enter the date of acceptance. The format must be dd/mm/yyyy (eg. 14/05/2001). |                      |

- Information needed for each publication entry is:
  - Title of published item
  - Name of Publication/Journal
  - Publication type (select from drop-down list)
  - Publication status (select from drop-down list)
  - Which author were you? (select from drop-down list)
  - Publication / Acceptance date

**Upload** appropriate evidence of your publication(s).

**Do not** include publications that have not been accepted for publication.

## 11. Presentations

### Presentations

Please list below any presentations you have personally given, up to a maximum of twenty (20).

Applicants are advised to review the selection regulations of their chosen specialty/s to determine which activities are most appropriate and what documents are required as evidence. Please ensure you are aware of the scoring limitations for the specialty you are applying to.

|   |   |   |
|---|---|---|
| <input type="text" value="Title of Presentation"/>                      | <input type="text" value="Type of Presentation"/> | <input type="text" value="Name Of Meeting"/>  |
| <small>Enter the exact title of your presentation/paper/poster.</small> |   | <small>Enter the name of the meeting at which you gave or will give the presentation.</small> |
| <input type="text" value="Date of Presentation"/>                       | <input type="text" value="Meeting Location"/>     | <input type="text" value="Level Presented"/>  |

- Information needed for each presentation entry is:
  - Title of Presentation
  - Presentation type (select from drop-down list)
  - Name of Meeting you presented at
  - Date of Presentation
  - Meeting location
  - Level presented (select from drop-down list)

**Upload** appropriate evidence of your presentation(s). For example, a PDF a copy of the presentation slides.

**Only** include presentations you have personally given.

**Do not** include internal hospital presentations or Grand Round presentations.

## 12. Professional Development

Enter information about **courses**, **workshops**, and **meetings** that you have attended.

### Professional Development

Please list below any development activities such as courses, workshops or meetings that you have personally participated in. Documentary evidence such as a certificate of attendance or letter from the activity provider confirming your attendance must be attached. Do not attach tax invoices.

Applicants are advised to review the selection regulations of their chosen specialty/s to determine the number of accepted activities and which are most appropriate.

|  |   |   |
|--|---|---|
| <input type="text" value="Activity Type"/>     | <input type="text" value="Activity Name"/>                              | <input type="text" value="Activity Provider"/>  |
|  | <small>Enter the name of the professional development activity.</small> | <small>Enter the name of the body associated with the professional development activity where applicable.</small> |
| <input type="text" value="Activity Duration"/> | <input type="text" value="Description of Activity"/>                    | <input type="text" value="Activity Date"/>  |

- Information needed for each professional development entry is:
  - Activity Type (select from drop-down list)
  - Name of Activity
  - Activity provider
  - Duration of activity (select from drop-down list)
  - Description
  - Date of activity

**Upload** appropriate evidence of your professional development activities.

**Do not** upload tax invoices as proof of attendance.



### 13. Achievements

For specialties where other achievements (e.g. awards) will be scored, please enter the appropriate information in this section.

#### Achievements

Please list below any additional achievements up to a maximum of forty (40). Documentary evidence such as a certificate or letter from the professional or awarding body must be attached. Do not attach photographs under any circumstance.

Applicants are advised to review the selection regulations of their chosen specialty(s) to determine which activities are most appropriate.

Documents prepared by you are not acceptable evidence.

Enter the name of the body associated with the achievement where applicable.

- Information needed for each achievement entry is:
  - Activity Type (select from drop-down list)
  - Award / Professional Body (select from drop-down list)
  - Description
  - Date

**Upload** appropriate evidence of your achievement(s).

## 14. RACS Examinations

List any RACS Examinations completed at the time of application. This section will be auto-populated with your RACS GSSE information.

### RACS Examinations

Please list below any RACS Examinations you have satisfactorily completed at the time of application.

| Examination | Specify Specialty | Examination Date |
|-------------|-------------------|------------------|
|-------------|-------------------|------------------|

- Information needed for each additional examination:
  - Examination (select from drop-down list)
  - Specialty
  - Date

## 15. Additional Documents

### Cardiothoracic Surgery

If you apply to this specialty you must provide:

- Procedural Skills in Cardiothoracic Surgery (Logbook)
  - Evidence must be provided as a summary logbook or spreadsheet (converted to a PDF) signed by the Supervisor of Training and/or Head of Unit where these procedures were performed.
  - All cases must have been performed in the five (5) year period between 1 January 2018 and 31 January 2025.
- Unit Based Competency Assessment
  - For a nominated cardiothoracic unit at which you have worked for a minimum of twelve (12) months during the seven (7) year period between 1 January 2018 and 31 January 2025.
    - Nominated cardiothoracic unit
    - Head of Unit and/or Supervisor of Training: Name, Email address and phone number
    - The names of all Cardiothoracic Consultants working at the unit while you were working there.
- Official certificate of completion or retrospective letter on RACS letterhead confirming you have passed:
  - RACS Generic Surgical Science Examination (GSSE)
  - RACS Clinical Examination (CE)
- Official certificate of completion or letter of completion confirming you have completed the following courses:
  - EMST
  - CCrISP®
- Certificate of completion for a minimum of **two (2)** RACS eLearning modules *and* Course 1, 2 and 3 of the *RACS eLearning Aboriginal and Torres Strait Islander Courses* (or other Intercultural Competency course (minimum of 8 hours or 1 day)

## Paediatric Surgery

If you apply to this specialty you must provide:

1. A **letter of verification** from a FRACS Paediatric Consultant to verify your completion of a minimum ten (10) week attachment in an Australian or Aotearoa New Zealand paediatric surgical unit composing fulltime paediatric surgery workload. This letter **must** confirm:
  - a. Start date of attachment
  - b. End date of attachment
  - c. Position held
  - d. Names of all Paediatric Surgery Consultants in the team during that period
2. A verified **Procedural and Professional Skills form**. Each skill and capability listed must be verified by the consultant surgeon supervising the rotation(s). This form is available on the [RACS website](#) (Paediatric Surgery specific eligibility requirements).
3. A completed **Structured CV scoresheet**. This form is available on the [RACS website](#) (Paediatric Surgery specific eligibility requirements).
4. A document that lists all your **Supervising Surgical Consultants** as specified in section 9.2.1 of the 2025 Selection Regulations. Minimum information required is:
  - a. Hospital Name
  - b. Exact term dates
  - c. Service/team
  - d. Consultants:
    - i. Full name
    - ii. email address
    - iii. mobile number
    - iv. comments (e.g. only out of hours, extensive clinical supervision, occasional elective operating, etc.)

## 16. Verification

This page summarises all information you have entered in the application form.

**We recommend that you review your application thoroughly at this stage.**

**Once you have submitted your application and made payment no changes can be made to your application.**

### Paediatric Surgery

Emailed copies of supporting documentation will not be accepted.

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To return to a specific page to make corrections, select the *View Page* button.

**You will not be able to submit your application until all mandatory questions have been answered and all required documentary evidence has been uploaded.**

---

## 17. Confirmation

The system will show the email address that your application confirmation will be sent to. If this is not correct, update your details in your RACS portfolio (<https://portfolio.surgeons.org/Profile>).

### Confirmation

Your application confirmation will be sent to the below email address. If this is not correct, please update your email by updating your profile on the RACS website at <https://portfolio.surgeons.org/Profile> before submitting your application.

Email Address: 

## 18. Agreement

You cannot submit your form and proceed to payment without agreeing to the declaration statement (text below) on the agreement page of the application form.

I understand that this application cannot be updated once it has been submitted.

I certify that the information submitted in this application, for the purpose of processing my application for Surgical Education and Training, is true and correct.

I understand that the information submitted in this application may be disclosed to internal and external parties who provide administrative or organisational support to the selection process, or where RACS is required to do so by law.

I consent to my contact details being provided to Government Health Departments for the purpose of assisting RACS to identify and accredit additional training positions.

I understand that RACS may wish to verify the information provided within this application with external institutions or individuals and gather additional information in order to process this application. I consent to the information collected being used and disclosed as stated. I understand that if I fail to provide this information RACS will be unable to process this application.

I understand that should any of the information submitted as part of this application be found to be false, this application may be excluded by RACS from the Surgical Education and Training selection process and I may be disqualified from making any future applications to Surgical Education and Training.

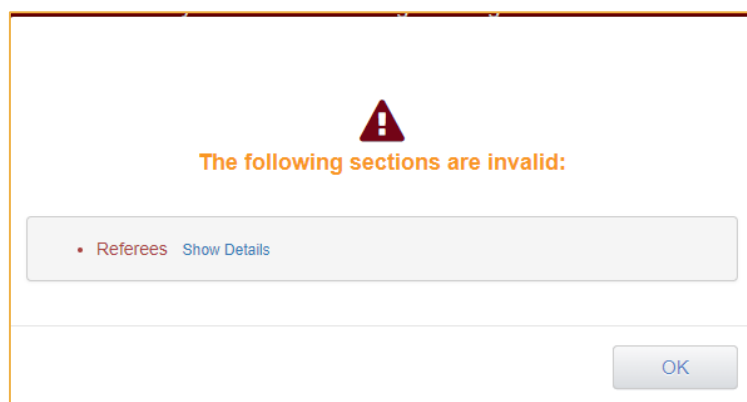
I understand that additional information outside that submitted in this application will not be accepted.

I understand that any offer of a Surgical Education and Training position commencing 2026 is conditional upon completion of any clinical rotation required for eligibility.

I understand that I may be allocated to undertake training outside my current geographical location and accept that if I should decline this allocation, I will be forfeiting the offer of a training position.

---

When you select the *Proceed to Payment* button, the online system will check if there is any incomplete mandatory information. If this is the case an error message will be shown (example below) and you will not be able to proceed to payment.

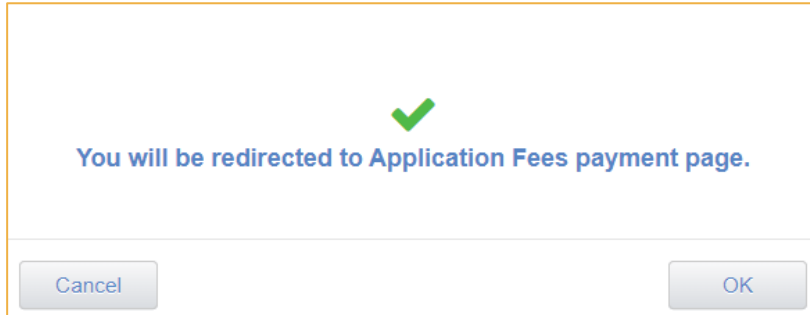


Return to the relevant page of the application form and complete the missing information.

---

# Payment

When you select the *Proceed to Payment* button the Online application form will close and you will be taken to the payment page.



**Once your application has been submitted, it is final, and no changes can be made**

Payment may be made via Credit Card or PayPal.

Once your payment has been successfully processed, you will receive an email receipt for your payment.

**Note** if you do not receive this receipt, email [SET.Enquiries@surgeons.org](mailto:SET.Enquiries@surgeons.org) who can send you a copy of this.

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# Confirmation email

A **separate** confirmation email will be sent to your email address when you have submitted and paid for your selection application.

This email will include a link to your completed application form(s) which you can download (you will need to have Acrobat installed on your computer to view).

**We recommend that you download and save a copy of your form for future reference**

