|  |  |  |
| --- | --- | --- |
| **Description: EMST**  | **EMST Instructor Course Application** | Description: 2COATOFARMS |

Please

insert photograph here

Name

Address

Suburb Postcode

Country

Mobile E-mail

**Medical practice**

Consultant Y/N Specialty

Specialty Trainee Y/N Specialty

General Practice Y/N Practice

Graduation Year \_\_\_\_\_\_\_\_\_\_\_\_\_ Qualifications

Are you a fellow of a medical college? Y/N Medical College\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Recent hospital appointments**

Hospital Position

1.

2.

**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?

**What characteristics do you believe would make a good EMST Instructor?**

**What is the nature of your current involvement in the care of trauma patients?**

**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. Please only include those examples which are trauma-related.

**Teaching experience**

Please 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) |

**Please provide an example of an education session where you have been the principal educator. Please provide specific information on how you planned and conducted the session, as well as how you evaluated its effectiveness. What do you think worked well in conducting the session and what would you change if you conducted a similar session in the future?**

Describe your experience of planning the education session:

Describe your experience of delivering of the education session:

Describe your experience of evaluating of the education session:

What worked well and what would you change:

**Please provide any additional evidence to support your application to become an EMST Instructor.**

**Commitment to EMST**

I agree that upon successful completion of the EMST Instructor Course:

1. I will complete my training by teaching an EMST course as an Instructor Candidate within twelve months of completing the EMST Instructor Course.
2. I will be available to instruct on at least two EMST courses each year.
3. I will commit to teach EMST for a minimum of four years.

Signature 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

**Submitting your application**

Please ensure all aspects of your application are complete before submitting

* + Include a current photo
	+ Commitment to EMST section signed
	+ Signed RACS privacy statement
	+ Attached current curriculum vitae
	+ Attached reference from EMST faculty

Please submit application to: EMST Office

 Royal Australasian College of Surgeons

250 - 290 Spring Street

EAST MELBOURNE VIC 3002

emst@surgeons.org