



## **Fellowship Application Form**

## Virtual Hip Fellowship 2024-2025 Asia Pacific Orthopaedic Association (APOA) Asia Pacific Hip Society (APHS)

Affix Photograph

| Name:                      |     |  |                |              |  |
|----------------------------|-----|--|----------------|--------------|--|
| (According to Passpo       | rt) |  |                |              |  |
| Date of Birth:             |     |  |                |              |  |
| Address:                   |     |  |                |              |  |
|                            |     |  |                |              |  |
| Telephone                  |     |  | Mobile         |              |  |
| E-mail:                    |     |  |                |              |  |
| APOA Chapter<br>Membership | Yes |  | Years:         | From         |  |
| APOA Federation:           | Yes |  | Federtaion Mer | mber Country |  |

| Membership                   |                                                          |
|------------------------------|----------------------------------------------------------|
| Current Attachment:          |                                                          |
| References:                  | 1. Full Name:                                            |
| (should be APOA              |                                                          |
| fellows)                     | Country                                                  |
|                              | E-mail address:                                          |
|                              | 2. Full Name                                             |
|                              | Country                                                  |
|                              | E-mail address:                                          |
| Details of APOA Fellowships  | s attended (if any; with year)                           |
|                              | 1                                                        |
|                              | 2                                                        |
|                              |                                                          |
| Learning Objectives          |                                                          |
| Please state two learning ou | tcomes that you could work toward during the fellowship. |
|                              |                                                          |
|                              |                                                          |

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| What are your future professional intentions?                      |         |
|--------------------------------------------------------------------|---------|
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| What is your strength and weakness and how to overcome the shortco | ominas? |
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| Additional remarks  |                  |     |
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|                     |                  |     |
|                     |                  |     |
| Education           |                  |     |
| Medical School      | :                |     |
| City/Country        | :                |     |
| Year of graduation  | :                |     |
|                     |                  |     |
| Residency           |                  |     |
| Have you completed  | your residency ? | :   |
| Year of residency   |                  | ·   |
| Year of graduation  |                  | ·   |
| Residency Hospital  |                  | :   |
| residency riospital |                  |     |
| F                   | - <b>4</b> :     |     |
| Employment inform   | ation            |     |
| Current position    |                  | ·   |
| Name of hospital    |                  | ·   |
| Teaching hospital?  |                  | ·   |
| Street address      |                  | ·   |
| City/ Country       |                  | · : |

| Working experiences (please state the ye       | ar) :                                |
|------------------------------------------------|--------------------------------------|
| Haed of department                             | :                                    |
| Awarding Board and certification               |                                      |
| Are you board-certified surgeon?               | •                                    |
| Board qualification                            | :                                    |
| Post-residency training                        |                                      |
| Special experience                             | :                                    |
| Skills, talents, and interest                  |                                      |
| Research                                       |                                      |
| How interested are you in research? *          | :                                    |
| How active are you in research? *              | :                                    |
| How many preclinical articles (related to y    | our specialty) do you read per week? |
| How many clinical articles (related to your    | speciality) do you read per week?    |
| How many pre-clinical published papers h       | ave you authored?                    |
| How many clinical published papers have        | you authored?                        |
| *1 equals little interest/ 5 equals high inter | rest                                 |
| Communication                                  |                                      |
| How comfortable do you feel speaking in        | front of a live audience? *:         |
| *1 equals not eager/ 5 equals very eager       |                                      |
| Please state your experiences:                 |                                      |
| Online education                               |                                      |
| How comfortable are you with using a wel       | bcam to share your knowledge? *:     |
| *1 equals not comfortableat all / 5 equals     | very experienced                     |
| Please state your experiences:                 |                                      |

| On-site, face-to-face education                                                                            |
|------------------------------------------------------------------------------------------------------------|
| How eager are you to convey knowledge to your peers? *:                                                    |
| *1 equals not eager / 5 equals very eager                                                                  |
| Please state your experiences:                                                                             |
|                                                                                                            |
|                                                                                                            |
| Mentor                                                                                                     |
| How experienced are you as a mentor ?*                                                                     |
| *1 equals inexperienced / 5 equals very experienced                                                        |
| Please state your experiences:                                                                             |
|                                                                                                            |
| Digital literacy                                                                                           |
| How digital literate are you? *                                                                            |
| *1 equals able use Microsoft Word/Excel                                                                    |
| *3 equals ability to use / manage digital databases                                                        |
| *5 equals able to program independency using: HTML, Javascript, ability to use Corail, make scientific     |
| design or picture or animation,                                                                            |
| scientific digital videos, make cover or design for scientific journal or newsletter, hosting the webinar. |
| Please state your experiences:                                                                             |
|                                                                                                            |
| Social Media                                                                                               |
| How much do you contribute on social media platforms(LinkedIn, Facebook, Instagram, ect) ?                 |
| *1 equals not at all                                                                                       |
| *3 equals one account and at least weekly posting                                                          |
| *5 equals more than one account and multiple post weekly                                                   |
| Please state your professional social media account :                                                      |
|                                                                                                            |

| Attachments required   | Brief Curriculum Vitae                                                   |
|------------------------|--------------------------------------------------------------------------|
|                        | 2. Send the related application form and CV by email:                    |
| admin@apoaonline.com   |                                                                          |
|                        | 3. Personal Statement (250 words maximum), explaining the expectation of |
| joining the fellowship |                                                                          |
|                        | 4. Scanned copy of passport                                              |
|                        | Application dateline : 25 August 2024                                    |
|                        |                                                                          |
|                        |                                                                          |
|                        |                                                                          |
| Date:                  | Signature of Applicant:                                                  |