



Application for Selection for OMS Surgical Training Position

FOMS 01

Instructions

- Please read Part A – Section 1: 1.1 Eligibility Process for Surgical Training and 1.2 Selection Process for Surgical Training of the [OMS Handbook](#) for information on the OMS selection process.
- Please complete this form and email with your curriculum vitae (CV) and certified supporting documents to omsselection@racds.org by 5.00pm AEST on Friday, 30 April 2021. Late and incomplete applications will not be accepted.

Personal Details

First name				RACDS ID <small>(if known)</small>	
Last name					
Other names				Date of birth <small>(dd/mm/yy)</small>	
Email address					<i>Please enclose passport size photograph here</i>
Phone	M		H	W	
Mailing address					

Are you of Aboriginal, Torres Strait Islander or Māori heritage?

- No
- Aboriginal
- Torres Strait Islander
- Both Aboriginal and Torres Strait Islander
- Māori

Eligibility

1.	Do you have a dental degree with full registration to practice dentistry in either Australia or New Zealand?	<input type="checkbox"/> YES Dental Registration Number: <input type="text"/> State / Region of Registration: <input type="text"/>	<input type="checkbox"/> NO <input type="checkbox"/> Currently completing dental degree Expected completion date: <input type="text"/>
2.	Do you have a medical degree with full registration to practice medicine in either Australia or New Zealand?	<input type="checkbox"/> YES Medical Registration Number: <input type="text"/> State / Region of Registration: <input type="text"/>	<input type="checkbox"/> NO
3.	Have you completed a full year of surgery in general (SIG) with minimum of nine months in related surgical disciplines by January 2022?	<input type="checkbox"/> YES	<input type="checkbox"/> NO



4.	Are you a citizen or permanent resident of Australia?	<input type="checkbox"/> YES Passport number: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> NO
5.	Are you a citizen or permanent resident of New Zealand?	<input type="checkbox"/> YES Passport number: <input style="width: 100%;" type="text"/>	<input type="checkbox"/> NO

Qualifications

1.	List all the qualifications, memberships, and fellowships successfully completed.		
	Qualification	Institution	Year Completed

2.	<p>Curriculum Vitae – Please submit a detailed curriculum vitae and the following certified supporting documents:</p> <ul style="list-style-type: none"> Current passport, citizenship certificate, or certificate of evidence of resident status Current medical and dental registrations Full academic transcript for all qualifications Evidence for academic achievements, research, publications, presentations, prizes, awards and other relevant attributes <p><i>(Please refer to "Overview of Curriculum Vitae" on page 20 of the OMS Handbook)</i></p>		
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3.	Are you an OMS enrolled candidate of the Royal Australasian College of Dental Surgeons?	<input type="checkbox"/> YES <i>(Go to Q4)</i>	<input type="checkbox"/> NO <i>(Go to Q5)</i>
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4.	Have you completed the RACDS Basic Surgical Training Program?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	When did you complete your BST (OMS)?	Year: <input style="width: 100%;" type="text"/>	
	Have you completed a BST (OMS) year and presently doing your SIG year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

5.	Please attach separate sheet listing ALL PREVIOUS hospital appointments for medicine and dentistry. Information provided should include:			
	<i>Date</i>	<i>Hospital</i>	<i>Rotation</i>	<i>Consultant Name</i>
	<i>Duration (weeks)</i>			
	<i>Intern:</i>			
	<i>BST OMS:</i> <i>(if applicable)</i>			
	<i>SIG year:</i>			

6.	Have you taken any significant absences (longer than three (3) months) from your study or practice? If so, please provide details:
	<div style="border: 1px solid black; width: 100%; height: 100%;"></div>

