



2024 Application for Selection for OMS Surgical Training Position

FOMS 01

Instructions

- This form is for eligible medical and dental practitioners who are applying for selection into the Oral and Maxillofacial Surgery (OMS) Training Program. Applicants should refer to the [OMS Trainee Selection Policy](#) and the [OMS Training Program Selection Guide for Applicants](#) for further information.
- **Applications for the 2025 training year open on 1 April 2024.** Please complete this form and email with all required documentation to omsselection@racds.org by **5:00 pm AEST on 30 April 2024**. Late and incomplete applications will not be accepted.
- Applicants must be aware that if selected for interview, these will be held **face-to-face in Sydney**.

Applicant Details

First name				RACDS ID (if known)			
Last name							
Other names				Date of birth (dd/mm/yy)			
Email address							
Phone	M		H		W		
Mailing address							
Have you previously applied for the OMS training program?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Years of previous application/s:							
Have you taken any significant absences (longer than three months) from your study or practice? Please provide details.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Are you of Aboriginal, Torres Strait Islander or Māori heritage?							
<input type="checkbox"/>	No	<input type="checkbox"/>	Both Aboriginal and Torres Strait Islander				
<input type="checkbox"/>	Aboriginal	<input type="checkbox"/>	Māori				
<input type="checkbox"/>	Torres Strait Islander						

Applicants who identify as Māori, Pasifika, Aboriginal, or Torres Strait Islander are to submit a letter of support from an Indigenous/Māori organisation or a senior community member with their application. Alternatively, a statutory declaration can be submitted.



Eligibility					
1.	Do you have a dental degree with full registration to practice dentistry in either Australia or New Zealand? <i>Registration will be verified online with the relevant Dental Board</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		Dental Registration Number: <input type="text"/>		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? <i>Registration will be verified online with the relevant Medical Board</i>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
		Medical Registration Number: <input type="text"/>			
3.	Have you completed a full year of surgery in general (SIG) with minimum of nine months in related surgical disciplines or will you do so by January 2025?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4.	Are you a citizen or permanent resident of Australia?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5.	Are you a citizen or permanent resident of New Zealand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Qualifications		
List all the qualifications, memberships, and fellowships successfully completed at the time of application.		
Qualification	Institution	Year Completed



Nominated Referees

List the name and current email address of four (4) consultants with whom you worked during the last 10 years during your training. Please include consultants from intern/SIG rotations and if applicable, OMS/dental rotations.

They will be your four (4) nominated referees used for the Professional Performance Appraisal.

1	Name	
	Position and specialty	
	Email address	
2	Name	
	Position and specialty	
	Email address	
3	Name	
	Position and specialty	
	Email address	
4	Name	
	Position and specialty	
	Email address	



Application Checklist

The following are to be included with your application:

1. Current passport size photo	<input type="checkbox"/>
2. Detailed curriculum vitae listing academic achievements, research, publications, presentations, prizes, awards, and other relevant attributes	<input type="checkbox"/>
3. Evidence of academic achievements, research, publications, presentations, prizes, awards, and other relevant attributes	<input type="checkbox"/>
4. Evidence of full medical registration to practice in Australia or New Zealand	<input type="checkbox"/>
5. Evidence of full dental registration to practice in Australia or New Zealand	<input type="checkbox"/>

The following documents must be [certified copies](#):

6. Passport, citizenship certificate or evidence of residence status	<input type="checkbox"/>
7. Medical degree and transcripts <i>(Digitally verified academic documents from education providers can be accepted)</i>	<input type="checkbox"/>
8. Dental degree and transcripts <i>(Digitally verified academic documents from education providers can be accepted)</i>	<input type="checkbox"/>

I confirm that all the above documents are included with my application

Initial here

Declaration

I certify that information supplied in this application for selection for Oral and Maxillofacial Surgery training position is true and correct. I understand that it may be disclosed to internal and external parties who provide administrative or organisational support to the process, or where the Royal Australasian College of Dental Surgeons (RACDS) is required to do so by law.

I understand that the RACDS may wish to verify this information with institutions or individuals and gather additional information in order to process my application. I agree to such inquiries being undertaken as part of the RACDS Surgical Training program eligibility process. I understand that if I fail to provide this information the RACDS will be unable to process my application.

I understand that no further updates to this application will be accepted after the closing date of 5pm AEST on Sunday, 30 April 2024.

I acknowledge that contact may be made with, and assessment scores may come from, anyone I have worked with in the last ten (10) years.

I acknowledge that if selected for interview, these will be held face-to-face in Sydney.

Signature:

Date:

Payment

Please pay the [application fee](#) online via the [RACDS website](#) before submitting this form. Refer to the [RACDS Refund Policy](#) for information on partial refunds.

Date of payment	<input type="text"/>	Application fee	AUD <input type="text"/>
Invoice/ Receipt number	<input type="text"/>		