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**Application Form**

**Please visit the conference website for full details.**

**Personal details**

|  |  |
| --- | --- |
| Full Name  | Click here to enter text. |
| College ID | Click here to enter text. |
| Email | Click here to enter text. |
| Fellowship/Conferring Date | Click here to enter text. |
| Regional committee applying to represent |  |
| Have You Previously Applied To Attend?  | Click here to enter text. |
| Have You Attached Your CV? | Click here to enter text. |

**Selection criteria**

Please address the following selection criteria:

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| 1. Applicants must be **within five years of receiving the Final Fellowship of Ireland** (conferred May 2017)
 |
| Click here to enter text. |

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| 1. Demonstrated evidence of commitment to CAI activities
 |
| Click here to enter text. |

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| 1. Demonstration of education and teaching in Anaesthesia, Intensive Care Medicine or Pain Medicine e.g. Supervisory roles
 |
| Click here to enter text. |

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| 1. Involvement in leadership roles in Anaesthesia, Intensive Care Medicine or Pain Medicine
 |
| Click here to enter text. |

**Requirements for attendance**

# Commitment to attend the entire ELC

# Yes[ ]  No[ ]

# Commitment to attend a minimum of two days at the ASM at the completion of the ELC

# Yes[ ]  No[ ]

# Participation in at least one CAI activity, event committee, working group or initiative

#  Yes[ ]  No[ ]

|  |  |
| --- | --- |
| Comments | Click here to enter text. |

# Attendance at a regional/national committee or board meeting after the conference to provide a post event report of attending the ELC

#  Yes[ ]  No[ ]

|  |
| --- |
| Please write 200 words on why you would like to attend the ELC:  |
|  |

**Referees**

|  |
| --- |
| Please provide names and contact details of two referees. |
| Name  | Click here to enter text. | Click here to enter text. |
| Position  | Click here to enter text. | Click here to enter text. |
| Relationship  | Click here to enter text. | Click here to enter text. |
| Phone  | Click here to enter text. | Click here to enter text. |
| Email  | Click here to enter text. | Click here to enter text. |

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| Any additional relevant information / comments |
| Click here to enter text. |

I hereby confirm that the information provided on this form is true and accurate.

**Date:** Click or tap here to enter text.

**Signature:** Click or tap here to enter text.

**This application form must be accompanied by your Curriculum Vitae**

Application closing date is Monday 10th October by 12pm

Conference details available at: [www.anzca.edu.au/events-courses](http://www.anzca.edu.au/events-courses)

Please submit your application form and CV to:

Ms Orla Doran at odoran@coa.ie