**Overseas Delegate Application Form**

**Instructions for submission**

Since 2004, SPANZA has sponsored an anaesthetist with a strong interest in paediatric anaesthesia from a low- or middle-income country (LMIC) to attend the SPANZA Annual Scientific Meeting (ASM). In 2022, SPANZA expanded this program to enable sponsorship of an additional anaesthetist from a Pacific LMIC to attend the ASM in recognition of the highly valued relationship between SPANZA and our anaesthetic colleagues in the Pacific nations.

The sponsorship provides for economy airfares (from the sponsored anaesthetist’s closest main city), accommodation and registration. Successful applicants will be offered either a speaking slot in the main ASM program or a poster presentation. There may be an opportunity for successful applicants to undertake an observership placement at one of the local hospitals either before or after the ASM.

**Applicants must be Consultant Anaesthetists.**

Previous delegates have included anaesthetists from Uganda, Mongolia, Thailand, Bhutan, Fiji, the Solomon Islands, Bangladesh, Cambodia, Nepal, India, Papua New Guinea and Timor Leste.

**To apply:**

1. Complete the application form
2. Submit a current Curriculum Vitae at the end of this document (docx, pdf)
3. Submit names and contact details of two (2) referees
4. Email your Curriculum Vitae and completed application (docx, pdf) to coordinator@spanza.org.au , and address your cover letter to:
	* Dr Philippa Lane
	c/o SPANZA Secretariat
	PO Box 55, Wyong 2259
	NSW, Australia

**Section 1: Personal Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Title |  |
| Gender\* |  | Preferred Pronouns\* |  |
| Nationality |  |
| Telephone Number/s |  |
| Email Address |  |

\*Indicates optional field

**Section 2: Medical Training**

|  |  |
| --- | --- |
| Name of Medical School |  |
| Country |  |
| Name of Degree |  |
| Year of Completion |  |

**Section 3: Anaesthesia Training**

|  |  |
| --- | --- |
| Name of Programme/Institution |  |
| Name of Qualification |  | Number of Years of Training |  |
| Number of Years of Training |  | Year of Completion |  |

**Section 3a: Fellowship**

|  |  |
| --- | --- |
| Type |  |
| Name of Programme/Institution |  |
| Duration |  | Year of Completion |  |

**Section 4: Anaesthesia Society Memberships**

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| *Please list all Societies/Associations below* |
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**Section 5: Current Job Role**

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| --- | --- |
| Title |  |
| Hospital/Institution |  |
| Please describe your job in less than 100 words |  |
| Please describe your hospital in less than 100 words |  |

**Section 6: Paediatric Anaesthesia Experience**

|  |  |
| --- | --- |
| Number of Children you anaesthetise each year |  |
| What type of paediatric surgeries does your hospital/institution perform |  |
| Additional training/courses in Paediatric anaesthesia undertaken |  |

**Section 7: Teaching Experience**

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| *Please list any teaching experience below* |
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**Section 8: Leadership Roles**

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| *Please list any Leadership Roles* |
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**Section 9: Paediatric Anaesthesia Research Including Quality Improvement/Assurance Activities**

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| *Please list all Paediatric Anaesthesia Research Including Quality Improvement/Assurance Activities* |
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**Section 10: Volunteer roles in Paediatric Anaesthesia**

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| *Please list all Volunteer roles in Paediatric Anaesthesia*  |
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**Section 11: Please list the last five Anaesthesia conferences attended**

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| --- | --- | --- | --- |
| *Conference* *Name* | *Conference Location* | *Date**(Month & Year)* | *Indicate if it was in person or online* |
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**Section 12: Questions

12.1: Why should a scholarship to attend the SPANZA Annual Scientific Meeting be awarded to you?**

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**12.2: How do you plan to implement what you learn at the SPANZA Annual Scientific Meeting upon returning home?**

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**12.3: Would you be interested in undertaking a paediatric anaesthesia observership either prior to, or after the ASM**

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**Section 13: Please attach your Curriculum Vitae**

**Section 14: Please provide names and contact details of 2 Referees**

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| --- | --- | --- |
| Referee Name | Referee Email | Contact Phone Number |
|  |  |  |
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