



ASIAN & OCEANIC SOCIETY of REGIONAL ANAESTHESIA PAIN MEDICINE (AOSRA-PM)

AOSRA-PM FELLOWSHIP & OBSERVERSHIP APPLICATION FORM

Please complete all sections clearly and accurately. Incomplete or improperly completed applications may not be considered.

The completed application form, together with all required supporting documents, must be submitted by email to the **AOSRA-PM Secretariat** at aosrapainmed@gmail.com.

SECTION 1: PERSONAL DETAILS

Title: Dr Prof Assoc Prof Other (please state): _____

First Name(s):

Surname:

Date of Birth (DD/MM/YYYY):

Nationality:

Country of Current Practice:

Postal Address:

Email Address:

Mobile Contact Number (with country code):

SECTION 2: PROFESSIONAL QUALIFICATIONS

Primary Medical Qualification

(MBBS/MD or equivalent):

Institution:

Country:

Year obtained:

Postgraduate Qualification in

Anaesthesiology (if applicable):

Qualification:

Institution:

Year obtained:

Current Professional Designation:

Current Institution:

Years in Current Position:

Medical Registration Number:

Country of Registration:

SECTION 3: ELIGIBILITY CONFIRMATION**Please tick to confirm:**

- I am an active member of AOSRA-PM at the time of application.
- I hold full and valid medical registration in my country of practice.
- I have completed at least two (2) years of core anaesthesia training.
- I will be under 45 years of age at the application closing date.
- I intend to return to practise in my home country after completion of the placement.

SECTION 4: PROGRAMME PREFERENCE**Type of Programme (select one):**

- Clinical Fellowship (6–12 months; hands-on training subject to local regulations)
- Observership (1–3 months; supervised observation only)

Preferred Host Institution:

1st Choice:

2nd Choice (if applicable):

3rd Choice (if applicable):

Proposed Duration:

- 1 month 3 months 6 months 12 months

Preferred Start Date (Month/Year):

SECTION 5: CLINICAL EXPERIENCE

Regional Anaesthesia and/or Pain Medicine Experience (if applicable)

Briefly describe your regional anaesthesia and/or pain medicine experience, including the approximate number of ultrasound-guided regional blocks performed per month (if applicable).

(Maximum 100 words)

SECTION 6: ACADEMIC PROFILE

Academic Achievements

List prizes, scholarships, leadership roles, academic distinctions or relevant achievements (if any) which you consider to be relevant to this application:

Conference Presentations

List relevant presentations (include meeting name, year, and role – oral/poster/invited speaker) (if any) which you consider to be relevant to this application:

Publications / Research

List peer-reviewed publications, research projects or academic contributions (if any) which you consider to be relevant to this application:

SECTION 7: EDUCATIONAL GOALS & IMPACT STATEMENT

Please describe (maximum 300 words):

- *Why you are applying for this programme*
- *The specific skills and competencies you aim to acquire*
- *How this training will benefit your institution and/or country*
- *Your plans to disseminate knowledge or develop services upon return*

SECTION 8: FUNDING PLAN

How do you intend to finance your placement? (Tick all applicable)

- Self-funded
- Institutional sponsorship (please specify source): _____
- Applying for AOSRA-PM Scholarship
- Eligible and applying for ESRA-AOSRA-PM Educational Grant (joint member)

SECTION 9: REFEREE DETAILS

Name of Referee (AOSRA-PM National Representative or Senior Consultant):

Designation:

Institution:

Email Address:

Relationship to Applicant:

SECTION 10: SUPPORTING DOCUMENTS CHECKLIST

Please ensure the following documents are submitted together with this form:

- Evidence of medical qualification and postgraduate training
- Proof of full medical registration/licence
- Copy of passport or government-issued identification
- Letter of recommendation from home AOSRA-PM representative
- Letter of release from employer confirming approved leave for the proposed training duration
- Letter of intent
- Travel medical insurance (covering host country)
- Letter of good standing from current country of practice
- Medical certificate confirming fitness for training & absence of communicable diseases
- Official English translations (if applicable)

Incomplete applications may not be reviewed.

SECTION 11: APPLICATION CYCLE

This application is for placement year: _____

- I understand that applications must be submitted before the stated deadline.
- I understand that late or incomplete applications may not be considered.

SECTION 12: DECLARATION

- *I certify that the information provided in this application is true and accurate to the best of my knowledge. I understand that providing false or misleading information may result in disqualification.*
- *I agree to abide by the decisions of the AOSRA-PM Fellowship Committee.*
- *I consent to my information being stored securely for administrative and selection purposes.*

Name (Print):

Signature:

Date:

Terms and Conditions*

- All applications must be a truthful representation of the applicant's involvement, with a proven record.
- All applicants agree to be bound by the decisions of the Fellowship Committee.
- Your information will be stored electronically on a secure database.
- By submitting an application you agree to receive email updates regarding Fellowship scheme announcements.

The completed application form, together with all required supporting documents, must be submitted by email to the AOSRA-PM Secretariat at aosrapainmed@gmail.com.