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**APPLICATION FORM**

**NZOA Fellowship Accreditation**

Please complete both pages of the form below to initiate the accreditation process for a single Fellowship. Each Fellowship requires a separate form. Please send the completed application form and additional information to admin@nzoa.org.nz.

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| --- | --- |
| TITLE OF FELLOWSHIP |  |
| Chief Supervisor |  |
| Contact Details | Name |  |
|  | Address |  |
|  | Phone |  |
|  | Email |  |
|  | Website |  |
|  |  |  |
| Co-supervisor (if applicable) |  |
| Back up Supervisor |  |
| Length of Fellowship |  |
| Initial start date |  |
| Institution(s) |  |
| *Required* | Please include a letter to evidence support from the Institution employing the Fellow. |
| Sub Specialty (ies) |  |
| Education Goals and Characteristics |  |
| Requirements for Fellowship Applicants |  |
| How is the Fellowship being funded? |  |
| How to apply (where do applicants send enquiries) |  |

|  |  |
| --- | --- |
| TITLE OF FELLOWSHIP |  |
| Description of Fellowship | Please include a full description of the Fellowship setting out the specialist skills, experience and knowledge the Fellowship is designed to deliver and including the composition of operating, outpatient and non-clinical sessions. (This can be provided in the box below or as an attachment to this form). |
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