

Please return your application to:

Ms Stephanie Billault
FSEM Office
Royal College of Surgeons in Ireland
RCSI House
121 St Stephen's Green
Dublin 2

Faculty of Sports and Exercise Medicine (RCPI & RCSI)

FELLOWSHIP APPLICATION FORM

Please ensure you have read the Fellowship criteria carefully before submitting an application for Fellowship to the FSEM office

Please Print Clearly

Title:	
Surname:	
First Name:	
Specialty:	
Medical Council Reg. No.:	
Registration Type & Specialist Division: <i>(if applicable)</i>	
Professional Address:	
Telephone No.:	
Mobile No.:	
Fax No.:	
E-mail address:	
Qualifications:	
Current Position:	
Sports Medicine Affiliations: <i>(ISMA, FIMS, BASM, etc.)</i>	
Specific Sports Medicine Involvement: <i>(Hurling, Gaelic Football, Soccer, Swimming, Orienteering, etc.)</i>	
Research & Publications:	

To: The Chairman, FSEM Training Committee, FSEM

I wish to apply for **Fellowship** of the Faculty & I make this application on the grounds set out in the criteria, under:

Please tick box

Route 1 – Progression Pathway <input type="checkbox"/>	Route 2 – Direct / Academic Pathway <input type="checkbox"/>	Route 3 – HST SEM Pathway <input type="checkbox"/>
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ROUTES 1 & 2 ONLY – 5 FSEM Fellows to act as referees for the Fellowship Application

1) Name of Proposer: _____ Signature: _____
Fellow No. 1

2) Name of Proposer: _____ Signature: _____
Fellow No. 2

3) Name of Proposer: _____ Signature: _____
Fellow No. 3

4) Name of Proposer: _____ Signature: _____
Fellow No. 4

5) Name of Proposer: _____ Signature: _____
Fellow No. 5

APPLICATION CHECKLIST (TO BE COMPLETED BY APPLICANT)

I have enclosed:

Please tick box

(a)	Fully completed application form (inc. signatures of 5 FSEM Fellows) <u>ROUTES 1 & 2</u>	<input type="checkbox"/>
(b)	Cover letter outlining my area of expertise, and current involvement in Sport and Exercise Medicine, as well as my reasons for applying for Fellowship	<input type="checkbox"/>
(c)	Up-to-date CV highlighting my expertise / experience which would be of interest to the Faculty, with the names and contact details of those whom the Faculty can contact to verify any details submitted (ex. Involvement with sporting bodies)	<input type="checkbox"/>
(d)	Basic Copies of relevant documentation (<u>ROUTE 1</u>)	<input type="checkbox"/>
(e)	Notarised Copies of relevant postgraduate qualification certificates (<u>ROUTE 2</u>)	<input type="checkbox"/>
(f)	Evidence of Publications (copy of abstract, journal details +impact factor) – <u>ROUTE 2</u>	<input type="checkbox"/>
(g)	Evidence of CPD credits (200 CPD / 4 year cycle) – 50% should be in Sports and Exercise Medicine – <u>ROUTES 1 & 2</u> (basic copies of certificate / letters of attendance + appendix duly completed)	<input type="checkbox"/>
(h)	Copy of CCST in SEM – <u>ROUTE 3</u>	<input type="checkbox"/>
(i)	Credit card details (visa <u>or</u> mastercard) for the fee of €300 or a cheque for that same amount made payable to: FSEM / RCSI	<input type="checkbox"/>

I confirm that I have read the Fellowship Criteria and enclosed the required documentation and fee for consideration. I understand that submitting an incomplete application will result in delays in my application being assessed by the Training Committee of the Faculty of Sports and Exercise Medicine (RCPI & RCSI).

Name: _____

Signed: _____

Dated: _____



Credit Card payment form

Payment details:

VISA

Mastercard

Name on credit card: _____

Credit card Number:

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Expiry Date:

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CVV Number:

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I authorise the FSEM to debit the amount of €300 from my credit card towards the Fellowship Application fee.

Signature: _____ Date: _____

For office use only:

DN55 / 1551 / A260