

The Australian Society of Otolaryngology Head & Neck Surgery is pleased to invite applications for the ASOHNS International Scholarship for Otolaryngology Head and Neck Surgery Surgical Education for 2025.

This scholarship, up to the amount of \$12,000, will provide otolaryngology, head and neck surgeons from developing countries in the Asia Pacific region with the opportunity to participate in a variety of educational opportunities for faculty development and enhancement that will result in acquisition of new knowledge and skills in surgical education and training.

This knowledge and these skills will be useful in improving surgical education and training at the scholar's home institution and country.

The scholar will participate in hands-on course(s) that address surgical education and training across the continuum of professional development. The focus will be on building knowledge and skills in OHNS surgical practice such as FESS, Head & Neck, temporal bone or any other course approved by ASOHNS and relevant to the applicant.

Following the course, the scholar may visit an appropriate hospital for observation of relevant clinical areas.

At the conclusion of the course and visits to suitable institutions, the scholar will send to the Outreach Committee a brief report outlining how the aims outlined in their application for the scholarship have been achieved.

Evidence of support of the scholar's objectives from the leadership at the home institution must be provided by the applicant and will be used as one of the criteria for selection of the scholar.

The scholarship will support costs of up to \$12,000, for travel, accommodation, meals and registration fees for course(s) undertaken. Assistance in reserving accommodation in the course city is available if required.

Please carefully read the requirements listed on the following page. All requirements must be fulfilled, and all requested documents provided in a timely manner, for an application to be eligible.

Applicants must fill in all fields marked with an asterisk (*). If an applicant has nothing to put into a required field, enter N/A, meaning "Not Applicable."

Per the published requirements, applicants must also submit three (3) independently prepared letters of recommendation.

In addition, applicants are to write an essay of no more than one page regarding their work setting, including their hospital and the patients they see, as well as their participation in quality improvement activities in this setting.

They are to indicate their career goals, indicating how they will transfer learning to their current situation. Recommenders are requested to address the applicant's educational goals as expressed in their essay.

Application materials are due no later than December 15, 2024, and are accepted via e-mail only. Please send materials to the **Outreach Committee** via email to: ceo@asohns.org.au



The scholarship requirements are:

- Applicants must be graduates of schools of medicine.
- Applicants must be at least 30 years old but under 55, on the date that the completed application is submitted.
- Applicants must submit their applications from their intended permanent location.
- Applications will be accepted for processing only when the applicants have been in surgical practice and teaching for a minimum of one year following completion of all formal training (including fellowships and scholarships).
- Applicants must submit a fully completed application form provided by the Society on its website. The application and accompanying materials must be typewritten and in English.
- Applicants are responsible for arranging their own travel Visa to enter Australia at their own cost. Evidence of a valid travel Visa must be supplied at least one month prior to travel. If this is not provided, the scholarship will be withdrawn. The applicant will be eligible to re-apply in the following year.
- Applicants must submit independently prepared letters of recommendation from three (3) of their colleagues. One letter must be from the Chair of the Department or division in which the applicant holds an academic or clinical appointment, or a Fellow of the Royal Australasian College of Surgeons residing in their country. If the applicant is the sole ENT surgeon in a small country, the letter can be from other senior persons with whom the applicant has worked in their country.
- The International Scholarship for OHNS Surgical Education must be used in the year for which it is designated. It cannot be postponed.
- Awardees are expected to provide a written report upon their return home, specifically focusing on the value of the visit to the awardee and the potential beneficial effect to patients in the country of origin.
- Unsuccessful applicants may reapply only twice and only by completing and submitting a current application form provided by the Society, together with new supporting documentation.



APPLICATION FORM

Fields marked with an asterisk (*) must be completed or enter N/A if Not Applicable

Middle Name:

State/Province:

1. APPLICANT DETAILS

First Name:

Last Name: Address:

City:

Postal Code:				Country:					
Email:									
Telephone:				Fax:					
Place of Birth:				Citizenship:					
Date of Birth (dd/mm/yyyy):		Gender:							
English Proficier			Spoken	Excellen	t:	Fair:		Poor:	
J	,		Heard	Excellen	t:	Fair:		Poor:	
			Written	Excellen	t:	Fair:		Poor:	
2. MEDICAL AND SURGICAL TRAINING AND ACCOMPLISHMENTS *1. Briefly describe why you wish to receive the International Scholarship for OHNS Surgical Education. The selection Committee relies heavily on this response. This should be a brief summary of your separate, more detailed essay. 2. If awarded the International Scholarship for Surgical Education, list desired course and hospital visits.									
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A Preferred Co	urse Type:								
City:	•								
Specific Purp	ose for								
attending thi									
B Preferred Ho	spital:								
City:									
Person you	Wish to Visit:								
Specific Pur									

Generally, the hospital will be in the same city as the attended course unless there are special circumstances approved by the Outreach Committee



3. Academic appointments: Wi	nere do you teach or hold an academic appointment (if any)?
(a) Medical School name:	
Faculty position and depa	rtment:
Starting date in this position	on:
(b) Medical School name:	
Faculty position and depa	rtment:
Starting date in this position	on:
4. Hospital appointments: Ente	r at least one
(a) Hospital name, city, state:	
Staff position and departm	nent:
Starting date in this position	on:
(b) Hospital name, city, state:	
Staff position and departm	
Starting date in this position	on:
5. Certification by Specialty Bo	ard, College, Society: Enter at least one, or N/A
(a) Name of Specialty Board:	
Date of certification (mm/s	vyyy):
Certification number:	
(b) Name of Specialty Board:	
Date of certification (mm/s	yyy):
Certification number:	
6. Awards, Prizes (If any)	
International:	
NI-45I	
National:	
Local / Regional:	



	Membership: List medical and surgical societies to which you belong.		
Enter at least on International:	e. 		
international.			
National:			
Local / Regional:			
*8. Medical Trainin	g		
	m which you graduated:		
Degree(s):			
Graduation (mm/yy	yy):		
Begin year (yyyy)			
End year (yyyy):			
(2,2,2,7)			
9. Surgical Special	ty Training. Have you served a residency or fellowship?		
Name and location			
Level:			
Surgical specialty:			
Begin year (yyyy):			
End year (yyyy):			
10. Briefly describe	e your clinical practice		



11. Briefly describe your teaching contributions		
As a Teacher:		
As a course / program leader or de	veloper:	
12. Briefly describe your profession	nal leadership contributions	
Society / College / Organisation:	iai readership contributions	
Role:		
Dates (mm/yyyy):		
Society / College / Organisation:		
Role:		
Dates (mm/yyyy):		
13. Briefly describe your communit	y leadership contributions	
3. YOUR EXPERIENCE AS A F	RESEARCHER, WRITER, INSTRUCTOR	
Provide a brief description of your research work		



2. List present and past research work			
Subject of special work:			
Hours per week:			
Begin date (mm/yyyy):			
End date (mm/yyyy):			
*3. Provide the following profile information relating to your current professional medical activities.			
Total should equal 100 percent.			
Time spent in clinical practice:			
Time spent teaching undergraduates:			
Time spent teaching graduates:			
Time spent in clinical research:			
Time spent in laboratory research:			
Time spent in administrative work:			
4. Published contributions to medical / surgical literature.			
Enter at least three (3), listing title, author/s, journal details and year of publication			
a. Manuscripts / articles in scientific, peer-reviewed journals:			
b. Manuscripts / articles in non peer-reviewed journals:			
b. Manuscripts / articles in non peer-reviewed journals.			
c. Abstracts:			
d. Books:			
U. DOOKS.			
e. Book chapters:			
o. Book onaptoro.			
f. Other publications:			



5.	Presentations in professional / scientifi	c meetings
a.	Invited Presentations	
	International:	
	National:	
	Regional or local:	
b.	Selected by peer-reviewed abstracts	
	International:	
	National:	
	Regional or local:	
C.	Other	
	International:	
	National:	
	Regional or local:	
	Please make any additional comments	you wish the Selection Committee to know:
<u> </u>		
	I have read an	d understand all the requirements and eligibility criteria
	Signature:	Date:
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