# POM Course Scholarship application form

The Alan & Kate Gibson Fellowship aims to find emerging leaders in perioperative medicine and support specialist clinicians committed to advancing the field. In partnership with Peter MacCallum Cancer Centre, two fellowships will be awarded for the 2026 academic year, with **one** specifically supporting a clinician working in a regional or rural setting.

Eligible applicants must be registered with AHPRA and either hold a fellowship or have completed fellowship examinations with one of the [participating colleges](https://www.anzca.edu.au/education-and-training/anzca-course-in-perioperative-medicine/clinical-immersion-sites).

**Each fellowship includes:**

* Full course fees for the ANZCA Course in Perioperative Medicine, including the registration and course completion fees, and assistance with travel-related expenses to attend components of clinical immersion at the Peter MacCallum Cancer Centre (total value A$20,000).
* Ability to undertake the clinical immersion component of the course at the Peter MacCallum Cancer Centre. **Please note:** The successful applicant *must* complete the required clinical immersion experience for Unit 3: Optimisation (Trimester 2) at the Peter MacCallum Cancer Centre.
* Opportunities to connect with a network of past Alan & Kate Gibson Fellows.

**Important dates**

|  |  |
| --- | --- |
| Applications close | 15 October 2025 |
| Online panel interviews for shortlisted candidates | Late October 2025 |
| Fellowship recipients announced | November 2025 (POM SIG meeting) |
| Course and clinical immersion commence | February 2026 |
| Expected course completion | Within 18 months from February 2026 |

There are **3 parts** to the application:

**PART** [**1**](#_PART_1:_Personal) - PERSONAL DETAILS

**PART 2** – WRITTEN STATEMENT

**PART 3** – SUPPORTING DOCUMENTATION

To assist with the reviewing process, please include the documents listed in this section.

*Note: There are no charges associated with the scholarship application.*

# Part 1 – Personal details

AHPRA registration number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary college: ☐ ANZCA; ☐ ACRRM; ☐ CICM; ☐ RACP; ☐ RACS; ☐ RACGP; ☐ RNZCGP

Training status: ☐ Fellow; ☐ Trainee

If you are a trainee, please provide an estimated date of admission to fellowship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Surname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- |
| D | D | M | M | Y | Y | Y | Y |

Date of birth

Gender identity  M;  F;  Prefer not to say;  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Suburb/State/Postcode \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone no. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current employment (hospital name and location)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Part 2 – Written statement

In the box below, write a statement (maximum 500 words) explaining how you will use the knowledge gained through the POM course to enhance perioperative care at your hospital, in alignment with [ANZCA standards for Perioperative Medicine](https://www.anzca.edu.au/safety-and-advocacy/standards-of-practice/standards-for-perioperative-medicine).

(insert text here)

# Part 3 – Supporting documentation

Please include the following documentation with this application form:

**Document 1:**

A copy of AHPRA registration certificate.

**Document 2:**

Certified copy of fellowship(s) certificate(s) from one of the following specialist medical colleges:

* + Australasian College of Anaesthetists (ANZCA).
  + Australian College of Rural and Remote Medicine (ACRRM).
  + College of Intensive Care Medicine (CICM).
  + Royal Australasian College of Physicians (RACP).
  + Royal Australasian College of Surgeons (RACS).
  + Royal Australian College of General Practitioners (RACGP).
  + Royal New Zealand College of General Practitioners (RNZCGP).

**Or**

Evidence of satisfactory completion of fellowship examinations.

Evidence of being within 12 months (full-time equivalent) of expected completion of primary college fellowship.

**Document 3:**

A copy of latest resume.

**Document 4:**

A letter of support from your hospital’s head of department

# Declaration

I declare that the statements made and the information provided in this application form and the attached documents are true and complete.

I agree that if awarded the scholarship, I will complete a report of 750-1000 words for promotional material that will be required prior to conferral of the certification.

I understand that if successful, I must complete the required clinical immersion experience for Unit 3: Optimisation (Trimester 2) at the Peter MacCallum Cancer Centre.

I have current AHPRA registration and agree to notify the college if my registration is withdrawn or suspended, or conditions or restrictions are imposed that limit my unconditional registration in Australia.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send your completed application form and the required supporting documentation to [periop@anzca.edu.au](mailto:periop@anzca.edu.au) with **ANZCA POM Course Scholarship Application** as the subject title.

The ANZCA Course in Perioperative Medicine handbook and other documents are available on the [ANZCA website](https://www.anzca.edu.au/education-and-training/anzca-course-in-perioperative-medicine/anzca-course-in-perioperative-medicine-participant-toolkit).