

## Effective Management of Anaesthetic Crises (EMAC) – Associate Instructor Application Form

| Contact information     |   |  |  |  |
|-------------------------|---|--|--|--|
| Name                    |   |  |  |  |
| Home phone              |   |  |  |  |
| Work phone              |   |  |  |  |
| Email                   |   |  |  |  |
| Agreement and signature |   |  |  |  |
|                         | , if appointed, to accept the responsibilities and undertake the ctor. Duties are outlined in the EMAC course handbook. |  |  |  |
| Signature               | Date  |  |  |  |

## What needs to be submitted

- Provide the completed referee report (Appendix 1)
- Complete this application form
- Submit all items to your Supervisor of EMAC at your chosen <u>EMAC course centre</u>, who will in turn complete an Associate EMAC nomination letter for voting by the EMAC Subcommittee.
- Please note: completing the above steps are no guarantee an applicant will be selected.



## **APPENDIX 1**

## **Associate EMAC Instructor application**

| Referee form   |             |              |             |               |                    |
|--|-------------|--------------|-------------|---------------|--------------------|
| Applicant name   |             |              |             |               |                    |
|  |             |              |             |               |                    |
| Please rate the applicant on the   | e following | dimension    | s by placir | ng an X where | e appropriate      |
| Understanding the perspective  | and appre   | ciate the fe | elings of o | others.       |                    |
| Dispassionate  |             |              |             |               | Highly Empathetic  |
| Completing all tasks and duties.   |             |              |             |               |                    |
| Never Complete   |             |              |             |               | Always Complete    |
| To be influenced by personal opinions or feelings when considering facts or passing judgment.  |             |              |             |               |                    |
| Greatly Influenced   |             |              |             |               | Not Influenced     |
| To be patient and to tolerate delay, problems and inconvenience.                               |             |              |             |               |                    |
| Intolerant   |             |              |             |               | Extremely Tolerant |
| Avoiding dogmatic beliefs or attitudes.  |             |              |             |               |                    |
| Dogmatic   |             |              |             |               | Open Minded        |
| To treat all people equally and justly.  |             |              |             |               |                    |
| Partial  |             |              |             |               | Impartial          |
| Indicate the particular contribution you believe the applicant can make as an EMAC Instructor: |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |
|  |             |              |             |               |                    |



| To what extent is the applicant committed to lear | ning new educational techniques and processes? |
|---|--|
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Please add any other comments you feel are rele   | evant to this application.                     |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
|   |  |
| Name  |  |
| Position title                                    |  |
| Place of clinical employment                      |  |
|   |  |
| Signature   | Date   |