



ASIAN PACIFIC FEDERATION OF SOCIETIES FOR SURGERY OF THE HAND

Advanced Training Program Application Form

Objective:

To provide financial support for hand surgeons to enhance their skills in specialized surgical areas, foster international collaboration, and improve patient care in their regions.

Target:

- **Recipients:** Two hand surgeons per year.
- **Eligible Courses:** Specialized courses offering advanced training in areas such as brachial plexus surgery, microsurgery, congenital hand surgery, arthroscopy, and related fields.
- **Eligibility:** Surgeons requiring financial assistance to attend these courses.

Funding:

- USD \$1,000 per candidate.

Selection Criteria:

- **Age:** No limitation
- **Eligibility:** Member or Associate Member of APFSSH member society
- **Professional Background:** Practicing hand surgeons with a demonstrated interest or specialization in the course topic.
- **Personal Statement:** Candidates must submit a statement outlining:
 - Their career goals.
 - How the course will benefit their institution and community.
 - Their plan for applying the knowledge and skills gained from the course.
- **Recommendation Letter:** A letter from his/ her Society attesting to the candidate's skills, dedication, potential impact, and legitimacy of the application.

Application Deadline:

- **Application Rounds:** Two rounds per year:
 - **First Round:** 1 December to 31 May.
 - **Second Round:** 1 June to 30 November.
- **Selection Process:**
 - One candidate is selected in each round.
 - If no applications are received by 31 May, two candidates will be selected in the second round.
- **Submission:** Applications must reach the APFSSH Education Committee by:
 - 31 May (for the first round).
 - 30 November (for the second round).

Post-course Obligations:

After completing the course, recipients are required to:

- Submit a written report detailing their experience and learnings from the course, within three months of completion of the course.
- Provide the attendance certificate issued by the course organizers, within three months of completion of the course.

Liability:

The successful candidate will indemnify the APFSSH and the Executive for any adverse events that may occur during the course of the fellowship.

Email applications:

To: admin@apfssh.net

<u>Application Form</u>	
Full name of Applicant (surname/first name in CAPITALS):	
Date of Application (DD/MM/YYYY):	
Date of Birth (DD/MM/YYYY):	
Name of National Hand Surgery Association/Society in which you are a full member:	
Name of Congress/Meeting to attend:	
Date of Congress/Meeting:	From (DD/MM/YYYY): To (DD/MM/YYYY):
Country where Congress/Meeting is to be held:	
Duration of Fellowship:	From (DD/MM/YYYY): To (DD/MM/YYYY):
Centre(s) to visit in the country where Congress/Meeting is to be held (please list all Centres visiting and number of days for each centre): <i>If there is not enough space, please attached.</i>	

<p>Hand Surgeon(s) attached with:</p>	
<p>Main Qualifications (Education and Professional):</p> <p><i>Please attached full Curriculum Vitae.</i></p>	
<p>Current position, department & name of hospital:</p>	<p>Position:</p> <p>Department:</p> <p>Hospital:</p>
<p>Special Interests:</p>	

No.	Check lists – Documents to Submit <i>Please ensure all the following have been completed.</i>	Checkbox
1.	Application form has been completed and signed.	<input type="checkbox"/>
2.	Attached current Curriculum Vitae.	<input type="checkbox"/>
3.	Attached Letter of support from Hand Surgery Association/Society in which you are a full member.	<input type="checkbox"/>
4.	Attached letters from the host centres/society/association confirming the programs.	<input type="checkbox"/>
5.	Attached Personal Statement on: <ul style="list-style-type: none"> • Your career goals; • How the course will benefit your institution and community; • Your plan(s) for applying the knowledge and skills gained from the course. 	<input type="checkbox"/>
6.	Attached my travel plans in details including the Congress/Meeting I am attending and other centres that I am visiting.	<input type="checkbox"/>
7.	Attached your budget.	<input type="checkbox"/>

Acknowledgements

- (1) I will acknowledge the support of APFSSH in all presentation and publication arising out of the Advanced Training Program.
- (2) Post Program obligations:
 - a. Submit a written report on how the grant was used.
 - b. Submit a written report to the Education Committee, APFSSH, on my experience and programs attended including photos.
 - c. To present my experience at the next APFSSH Biennial Congress.
- (3) Reimbursement will only be provided after obligations (a) and (b) have been fulfilled.
- (4) I will indemnify the APFSSH and the Executive for any adverse events that may occur during the course of the Fellowship.

I, _____ (full name of applicant) accepts and acknowledge the above.

Signature: _____

Date (DD/MM/YYYY): _____