

**APPLICATION FOR FELLOWSHIP, FACULTY OF SCIENCE (RESEARCH) RCPA by published works  
GUIDE AND INFORMAL REVIEW CHECKLIST**

**CHECKLIST – INFORMAL REVIEW APPLICATION**

***Firstly please check that you meet the eligibility criteria for Fellowship of the Faculty, Faculty of Science By-laws – By-law 7***

**SUBMISSION OF DOCUMENTS:**

Please check that the following documentary evidence is attached so that your application can be processed.

		Office Use
a) Application Form	<input type="checkbox"/>	<input type="checkbox"/>
b) CV	<input type="checkbox"/>	<input type="checkbox"/>
c) List of publications formatted as described in Required Format for Publications	<input type="checkbox"/>	<input type="checkbox"/>
d) Fee payment of \$200AUD (informal review only)	<input type="checkbox"/>	<input type="checkbox"/>

- **Please ensure you have completed all relevant information required, incomplete applications will not be processed. Faxed applications will not be accepted.**

Please mail applications in confidence to:

Board of Education and Assessment  
Faculty of Science Committee  
The Royal College of Pathologists of Australasia  
207 Albion Street  
Surry Hills NSW 2010  
Australia

Your application will be acknowledged by email, if you have any enquiries please contact [fscadmin@rcpa.edu.au](mailto:fscadmin@rcpa.edu.au) or call 61 2 8356 5818

**INFORMAL REVIEW**

**To be completed by the Applicant and Sponsor**

**APPLICATION FOR INFORMAL REVIEW FOR ADMISSION AS A FELLOW, FACULTY OF SCIENCE (RESEARCH) RCPA by published works**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given names \_\_\_\_\_

Address (for correspondence): \_\_\_\_\_  
\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone (h): \_\_\_\_\_ (w): \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Nationality: \_\_\_\_\_ Sex: Male  Female

Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

For persons of both Aboriginal and Torres Strait Islander origin, mark both "yes" boxes.

**PRIMARY QUALIFICATION**

Qualification	Year	Awarded by
_____	_____	_____
_____	_____	_____

**ADDITIONAL QUALIFICATIONS**

Qualification	Year	Awarded by
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**DISCIPLINE**

I work primarily within the \_\_\_\_\_ discipline of pathology.

I hereby apply for admission as a Fellow, Faculty of Science (Research) of The Royal College of Pathologists of Australasia under the provisions of Article 57(C) and the By-laws pursuant to Article 57(C). If admitted, I agree to be bound by the Code of Ethics of the College and to comply with the Constitution and By-laws of the College, as they may be applicable to Fellows of the Faculty of Science, RCPA.

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

**PLACE OF WORK**

I am a specialist pathologist or scientist entitled to work in \_\_\_\_\_, my country of domicile.

**SPONSOR AGREEMENT**

**Sponsor to complete:** Please complete contact details below

Name \_\_\_\_\_ RCPA ID \_\_\_\_\_

Position and workplace \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

I am a Fellow of the College or a Fellow of the Faculty of Science (RCPA) and I have read the "Information for Sponsors" and agree to sponsor this Applicant for Fellowship of the Faculty of Science (Research) RCPA by published works

**Signature** \_\_\_\_\_

**PRIVACY AND CONFIDENTIALITY**

Any personal information you provide is strictly confidential to the College. However, in the course of considering your application, it may be necessary for the College to provide your contact details and information about your application to College committees and Fellows of the College who are involved with assessment of applicants. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your application. The College will manage your personal information in accordance with its Privacy Policy. If you would like to access any information we hold about you or obtain a copy of the Privacy Policy please contact our Privacy Officer on 61 2 8356 5858.

Application for Informal Review –  
Fellowship of the Faculty of Science (Research) RCPA by published works

## PAYMENT AUTHORISATION

**The College accepts payment by Cheque, Money Order, Amex, Mastercard  
or Visa only.**

**ALL PAYMENTS MUST BE IN AUSTRALIAN DOLLARS**

Full Name of Applicant: \_\_\_\_\_  
(Please print)

Daytime contact phone no. or email: \_\_\_\_\_

**I wish to authorise my non-refundable payment for Informal Review application for Fellowship of the  
Faculty of Science (Research) RCPA by published works**

Fee: \$200AUD

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

<b>Payment</b>	
Mastercard <input type="checkbox"/>	Visa <input type="checkbox"/>
Amex <input type="checkbox"/>	
Card Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Expires <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Cheques/Money Orders</b>	<b>Enquiries</b>
Payable to RCPA Send to Faculty of Science Administration Royal College of Pathologists of Australasia 207 Albion Street Surry Hills NSW 2010 Australia	Phone: 02 8356 5818 Fax: 02 8356 5828 Email: fscadmin@rcpa.edu.au