

**APPLICATION FOR FELLOWSHIP OF THE FACULTY OF SCIENCE
(Pathology Informatics) GUIDE AND 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 projects and achievements in Pathology Informatics in accordance with the categories as described in the Fellowship of the Faculty of Science (Pathology Informatics) policy. Publications must be formatted according to the required format for publications.	<input type="checkbox"/>	<input type="checkbox"/>
d) Fee payment of \$200 AUD (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 or call 61 2 8356 5818

INFORMAL REVIEW

To be completed by the Applicant and Sponsor

**APPLICATION FOR FELLOWSHIP OF THE FACULTY OF SCIENCE (Pathology Informatics)
GUIDE AND REVIEW CHECKLIST**

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

Do you identify as: Indigenous Australian, Torres Strait Islander, or Maori?

No Yes, Indigenous Australian Yes, Torres Strait Islander Yes, Maori descent

PRIMARY QUALIFICATION

Qualification	Year	Awarded by
_____	_____	_____
_____	_____	_____

ADDITIONAL QUALIFICATIONS

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

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 (Pathology Informatics) 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 –
**APPLICATION FOR FELLOWSHIP OF THE FACULTY OF SCIENCE (Pathology
 Informatics)**
GUIDE AND REVIEW CHECKLIST

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 (Pathology Informatics)**

Fee: \$200AUD

Signature: _____

Payment	
Mastercard <input type="checkbox"/>	<div style="display: flex; justify-content: space-between;"> Visa <input type="checkbox"/> Amex <input type="checkbox"/> </div>
Card Number	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> </div> </div>
Expires	<div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> </div> </div>
Cheques/Money Orders	Enquiries
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