

## Postgraduate Overseas Specialists Training (POST) Program Application Form



Title:	
Address: Email:	
Department:	
Position:	
Training Duration:weeks. Proposed dates: from to to	
(o.g	
Area/s of clinical subspecialty training you are applying for	
Training goals (outline of the learning objectives for your training – be specific and clear so that an individualised program can be planned for you. Feel free to use as much room as you need to write your goals)	
On returning to your workplace, how do you intend to utilise the skills and knowledg Placement?	e gained via your POST
- Indefine it:	
What skills, knowledge and experience do you feel you might be able to offer our staff and service whilst visiting?	
What aspects of your subspeciality are you most interested in?	_
Clinical Management Research Education	Other
How did you find out about the POST Program?	
	her
PLEASE SUPPLY THE FOLLOWING DOCUMENTS WITH THIS APPLICATION:	Please send all documents to
Curriculum Vitae (detailed and updated, including description	the Post Program
of current workplace)	Administrator:
☐ Letters of recommendation from head of department or	E-mail: postprogram@svhm.org
senior colleague (minimum 2)	Post: St Vincent's Mental
☐ Copies of certificates of medical, postgraduate or specialist	Health Service (Melbourne)
qualifications  Details of English fluency (eg IELTS, TOEFL, English courses,	PO Box 2900, Fitzroy, Victoria,
<ul> <li>Details of English fluency (eg IELTS, TOEFL, English courses, education in English medium)</li> </ul>	Australia 3065

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