

APPLICATION FOR ADMISSION TO PACIFIC EYE INSTITUTE POST GRADUATE STUDIES

Please type or print neatly

PART 1: APPLICANT DETAILS

Program being applied for (please tick one)

- Postgraduate Diploma in Eye Care (PGDEC)
- Postgraduate Diploma in Ophthalmology (PGDO)
- Postgraduate Certificate in Diabetes Eye Care (PGCDEC)
- Master of Medicine (Ophthalmology) (MMed (Ophth))
- Master of Community Eye Care (MCEC)

Please note that for the Master of Community Eye Care there is a distance learning option for Fiji National University courses. Please contact the Education Manager at PEI to request the document 'Master of Community Eye Care: Application Procedures' for enrolment information (contact details on the last page)

Personal Information

Title: <input type="checkbox"/> Dr. <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Legal Name (as it appears on your passport):			
Last (Family)	First (Given)	Middle (Other)	
Preferred Name: _____		Nationality: _____	
Date of Birth: _____		Languages Spoken: _____	
Country Passport Issued by: _____			
Passport Number: _____		Passport Expiry Date: _____	

Previous Applications

Have you applied to PEI previously?	<input type="checkbox"/> No	<input type="checkbox"/> Yes (year: _____)
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Emergency Contact

Name: _____	Relationship to you: _____
Telephone: _____	Email (if any): _____

Academic Information (if you need more space please complete on a separate page and attach, please include transcripts for all tertiary education)

Institution	Dates	Qualification

List any in-service or short-course training you have undertaken in eye or diabetes care (if you need more space please completes on a separate page and attach)

Course	Dates

Employment Information (please attach a current curriculum vitae)

Current employer: _____

Current position: _____

Date you started this position: _____

What are your duties in your current position? _____

Eye Care Experience (this section to be completed by **PGDEC, PGCEC** and **PGDO** applicants only)

Have you completed an attachment to an eye department? Yes No

If yes: **How long was your attachment?** _____

Where was your attachment? _____

(Please complete personal statement question **number 1** found below)

If no: **When will you do your attachment?** _____

Where will you do your attachment? _____

(Please complete personal statement question **number 1& 2** found below)

Postgraduate Certificate in Diabetes Eye Care (PGCDEC)

Does the diabetes eye clinic have a retinal camera? Yes No

If yes: What brand and model? _____

If no: When is the clinic expecting to have one? _____

Does the diabetes eye clinic have a retinal laser? Yes No

If no: When is the clinic expecting to have one? _____

*Please complete personal statement question **number 1&3** found below*

Master of Medicine (Ophthalmology)

*Please complete personal statement question **number 4** found below*

Personal Statement *(Please answer briefly the ONE appropriate question on page 4)*

1. Please discuss why you've chosen to pursue postgraduate studies in eye care. How will this course help you? How does it fit into your career objectives? What do you hope to achieve by taking this course?
2. Please discuss what has inspired you to pursue eye care. How do you know that eye care will provide enough interest for you to do it as a career? What do you hope to achieve by taking this course? What are your career goals?
3. Please discuss why you've chosen to pursue a postgraduate certificate in diabetes eye care. How will this course help you? How does it fit into your career objectives? What do you hope to achieve by taking this course?
4. Please discuss why you've chosen to further your eye care education. How will this course change the care you provide? What do you hope to achieve by taking this course? What are your career goals?

Personal Statement:

I am answering

- Question 1* and
- Question 2* or
- Question 3* or
- Question 4 (from page 3)*

PART 2: SPONSORSHIP DETAILS

Please note that it is your responsibility to find a sponsor to cover your fees. Please consult the Pacific Eye Institute Program Guide for estimated fees. You should speak with your training committee to identify possible sources of sponsorship. PEI is happy to assist you in completing sponsorship application forms. Proof of sponsorship is a requirement of enrolment. PEI will grant early conditional acceptance to some applicants to assist in their securing of sponsorship.

It is important to note that the Fred Hollows Foundation, New Zealand will no longer be sponsoring all students attending PEI. It is important that you seek other sources of sponsorship.

Tuition Fees

Please tick the appropriate box below:

- I will pay my own tuition fees (self-funded)
- I have already been granted a scholarship/sponsorship (give details below and provide a copy of your approval of sponsorship)
- I have applied/will apply for a scholarship/sponsorship (give details below)

Name of sponsor: _____

Address of sponsor: _____

Amount of award: _____

Date of decision/date decision is expected: _____

Living and Travel Expenses

Please tick the appropriate box below:

- I will pay my own costs (self-funded)
- I have already been granted a scholarship/sponsorship to pay my expenses (give details below and provide a copy of your approval of sponsorship)
- I have/will apply for a scholarship/sponsorship to pay my expenses (give details below)

Name of sponsor: _____

Address of sponsor: _____

Amount of award: _____

Date of decision/date decision is expected: _____

PART 3: MINISTRY OF HEALTH / EMPLOYER

(This section is to be completed by the Ministry of Health or your employer)



Applicant Name	 The Fred Hollows Foundation NZ www.hollows.org.nz
Applicant's Position	

Instructions: The above named applicant has expressed interest in enrolling in a postgraduate eye care program. The application process requires your information on the employment situation of this applicant. Please type or print neatly.

Employment after the program *(it is hoped that the graduate will be provided the opportunity to provide eye care in a public health setting at least 3 days a week for 2 years)*

Where will the graduate most likely be stationed? _____

What will the graduate's position be? _____

Who will be the graduate's supervisor? _____

Supervisor's contact details: Address: _____

Phone: _____ **Fax:** _____

Email: _____

What provision will be made for clinical space for the graduate to provide services?

Can the graduate, in their position within their health service, legally prescribe medication for their eye care patients? Yes No

What provision will be made for equipment for the graduate to provide services (e.g. medications, eye care clinical equipment)?

What is the estimated percentage (%) of total weekly work time that will be devoted to eye care? _____%

How will support for continuing education opportunities be provided to the graduate?

Is the applicant bonded to the Ministry of Health or Employer upon their return to work following graduation?

Yes For how long? _____

No

Your name: _____

Position: _____

Signature: _____

Date: _____

PART 4: SUPERVISOR REFERENCE

(This section to be completed by your supervisor)



Applicant Name	 The Fred Hollows Foundation NZ <small>www.fredhollows.org.nz</small>
Applicant's Position	

Instructions to supervisor: The above named applicant has expressed interest in enrolling in a postgraduate eye care program. We would appreciate your opinion on the suitability of this applicant for this program. Please indicate, by selecting one option, how you rate this applicant on the following personal qualities. Please type or print neatly.

English language ability:

- Very competent (comfortable in communication in both written and spoken English)
- Competent (at times experiences difficulty in written and/or spoken English)
- Low (does not have the ability to communicate or understand the English language)

Motivated to use information gained during training courses:

- High (consistent and sustained motivation in applying skills gained from training courses)
- Medium (some motivation in applying skills gained from training courses)
- Low (no motivation in applying skills gained from training courses)

Disciplined work habits:

- High (always punctual, organized, on task and accepts feedback)
- Medium (is not always punctual, organized, on task or accepting of feedback)
- Low (seldom punctual, organized, on task and doesn't accept feedback)

Ability to be self-directed:

- High (doesn't wait for instruction or direction to complete task that need to be done)
- Medium (usually waits for instructions but will sometimes be self-directed)
- Low (tends to wait for instructions and requires specific direction for task completion)

Please describe why you believe this applicant is a suitable candidate for this program. How will this candidate impact the availability and quality of eye care provided in the clinic they will be joining? (If you need more space please complete on a separate page and attach)

Your name: _____

Position: _____

Signature: _____

Date: _____

PART 5: HEALTH INFORMATION

(This section to be completed by registered medical practitioner)



Applicant Name	
Applicant's Position	



The programs offered at PEI are intensive. It is important that you are in good health during your studies to ensure that you are able to successfully complete the program. Further, in order to obtain a student visa in Fiji you must pass a medical examination

Instructions to medical examiner: Please *circle* yes or no to the following questions. If yes, please give further details including dates below.

1. Has the applicant ever been hospitalised or undergone surgery of any kind:
Yes No
2. Does the applicant have any history of dependency on drugs, alcohol or other controlled substances: **Yes No**
3. Does the applicant have Tuberculosis or HIV/AIDS: **Yes No**
4. Does the applicant have a disability for which they need special arrangements:
Yes No

If **Yes** to any of the above, please give details and dates:

MEDICAL EXAMINER'S DECLARATION

1. I am satisfied that the particulars submitted by the applicant are true and correct.
2. The statements made by me in answer to all questions in this form are true to the best of my knowledge and belief.
3. I believe that the applicant is in good health and medically fit to successfully complete studies at the Pacific Eye Institute

Name of medical examiner: _____

Signature of medical examiner: _____

Date: _____

Checklist for Program Applications

Prior to submitting your application please ensure you have completed and included the following items:

- PEI application form Part 1: Applicant details (including personal statement)
- PEI application form Part 2: Sponsorship details
- PEI application form Part 3: Ministry of Health/Employer form
- PEI application form Part 4: Supervisor reference
- PEI application form Part 5: Health information
- Two certified copies of your academic transcript
- Two certified copies of your birth certificate
- Copy of your curriculum vitae
- Eight passport sized photos
- Proof of approval of sponsorship (if applicable)

If you have any questions about this application or the programs offered at the Pacific Eye Institute, please contact: the Education Manager at PEI:

Clare Luoni
Telephone: +679.310.0424
Fax: +679.332.4360

Email: cluoni@pei.org.fj