**Diagram

Description automatically generatedExpression of Interest**

**Pilot implementation of a revised delivery model for the Surgical Sciences Intensive Course (SSIC)**

Please forward your completed Expression of Interest to be a participant in the pilot SSIC directly to HETI at [HETI-SSIC@health.nsw.gov.au](mailto:HETI-SSIC@health.nsw.gov.au) by Friday 18 June 2021.

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| Name: |
| Classification:  (eg: SSN trainee or Trainee working in unaccredited position) |
| Level:  (eg: PGY4) |
| SSN Network:  (for SSN trainees only) |
| Hospital:  (for Trainees working in unaccredited position only) |
| GSSE Plan:  (please indicate the GSSE sitting you are planning on registering for) |

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| **Please provide a statement outlining why you would like to be included in the pilot SSIC?** |
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| **Please indicate your ability to meet the SSIC Course Requirements** | **Yes/No** |
| If my EOI is successful, I will register for the SSIC by 30 June 2021 |  |
| I will undertake and submit the SSIC entry examination |  |
| I will review the didactic lectures series between weeks 1 and 11 |  |
| I will review the anatomy demonstration library between weeks 1 and 11 |  |
| I will participate in the live virtual Q & A sessions in weeks 3, 6 and 9 |  |
| I will attend the one-day hands-on anatomy workshop at the Western Sydney University |  |
| I will undertake and submit the SSIC exit examination |  |
| I will participate in post pilot course evaluation surveys |  |
| I will participate in the evaluation of the pilot SSIC |  |

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| **Network Director/Supervisor Approval** | **Print Name** | **Signature** | **Date** |
| *I approve the application for EOI and confirm that this trainee will be supported to undertake all the activities required to complete the pilot of the SSIC.* |  |  |  |

***Please attach additional page/s if required***