

Training approval request form

This form should be completed by ANZCA trainees who wish to train in a non-ANZCA accredited training site.

Personal details

College ID

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First name _____

Surname _____

Purpose of application

Please tick one of the following and read the applicable notes.

Overseas training

Training in an anaesthesia-related specialty outside clinical anaesthesia

Training in a site that has not been approved by ANZCA.

Proposed training site details.

Name of training site _____

State _____

Country _____

Is the training site approved for training? Yes No

If so, name of college or training body who accredit the training site _____

Specialty (for example anaesthesia, intensive care) _____

Start date _____ End date _____

Full / Part time (please indicate FTE between 0.5 and 1) _____

ANZCA Supervisor nomination

College ID

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Name of Supervisor _____

Training site _____

Email _____

As the nominated ANZCA Supervisor, I can confirm my willingness provide support and advice to the trainee and to the supervising consultant during this term. I understand I will require access to the TPS and will be required to validate assessments as appropriate. I am familiar with the trainee and the requirements of the ANZCA training program.

Signature _____ Date _____

Declaration of trainee

I solemnly declare that the statements made in this application are true and accurate.

Signature _____ Date _____

To be completed by the supervisor of the department in which the training will be completed.

Department profile

Duties of the trainee		(When applicable, please circle Yes or No)	
Clinical	How many hours per week will the trainee be rostered for?		
	<i>Elective clinical duties:</i>		hrs
	<i>Emergency / acute clinical duties:</i>		hrs
	<i>Clinical support duties:</i>		hrs
	<i>Hours on call:</i>		hrs
Teaching	Will the trainee be involved in teaching?		
	<i>Medical students:</i>	Yes	No
	<i>Nurses:</i>	Yes	No
	<i>Medical college trainees:</i>	Yes	No
Research	Can regular participation in research within the department be assured?	Yes	No
Supervision	Can regular participation in both in-training and workplace based assessments be assured?	Yes	No
	Will the trainee be able to be supervised in accordance with College policy?	Yes	No
Part-time training: (if applicable)	Will participation in both elective and emergency/acute duties be assigned on a full-time equivalent (FTE) proportional basis?	Yes	No
	Will trainee participate in the local/regional teaching programs on at least a FTE-proportional basis?	Yes	No

Please describe special features of the department that might be especially valuable for a trainee:

Supervisor Details

First name _____

Surname _____

Degree / Qualification _____

Email _____

Mobile _____

Workplace-Based Assessors

You may nominate as many workplace-based assessors as you wish.

Assessor 1:

Title _____ First name _____

Surname _____

Email _____

Mobile _____

Assessor 2:

Title _____ First name _____

Surname _____

Email _____

Mobile _____

Assessor 3:

Title _____ First name _____
Surname _____
Email _____
Mobile _____

Assessor 4:

Title _____ First name _____
Surname _____
Email _____
Mobile _____

Declaration of Supervisor

I agree to fully participate in all aspects of the ANZCA vocational training program and will ensure that all required assessments will be undertaken. I will also provide ANZCA with all required training information, e.g., workplace-based assessments, specialised study unit reviews, etc.

Signature _____
Date _____

Please send your completed form and accompanying documents to the college:
ANZCA Training and Assessments
Email: assessor-requests@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.

Training Approval Request (Notes)

Proposed training site details

Accrediting body: The name of the specialist medical college or training body accrediting the proposed training site (if applicable).

Specialty: Indicate whether you will be training in anaesthesia or other clinical training (OCT), such as intensive care, paediatric intensive care, neonatal intensive care, pain medicine, clinical medicine, general medicine, emergency medicine, retrieval medicine, internal medicine, or diving and hyperbaric medicine.

Please note: A maximum of 52 weeks can be spent in overseas training in each of the training periods BT, AT and PFT. If your overseas appointment spans two or more training periods, it will need to comply with maximums for each training period.

Appointment dates: Placements should start on a Monday and end on a Sunday

Supporting documentation

Letter of appointment: Please attached a letter of appointment to the application. It should be on the hospital's letterhead and state the following – title, type of experience, full-time or part-time, and start and end dates of the appointment. It should be signed by your proposed supervisor or the head of the department. If it does not include a description of your proposed position, you should also attach a position description.

ANZCA Supervisor nomination

The nominated ANZCA Supervisor of training (SOT) will be required to confirm all assessments including CPR, SSUR in the Training Portfolio System (TPS). They also be required to complete the relevant core unit reviews or provisional fellowship review.

The nominated supervisor should be any ANZCA SOT who is familiar with the trainee and is willing to provide support and advice during the approved training period.

Department profile

Special features of the department should be a general profile of the department. For example, the approximate number of cases in the theatre case load or whether there is an intensive care unit or pain management service, and so on.

Supervisor details

In exceptional circumstances where you cannot complete all the training period requirements due to exposure of experiences, please complete this form with explanations of why these requirements are unable to be met and a supporting statement from your supervisor of training seeking a deferment for these specific requirements.

Workplace-based assessors' details

Workplace-based assessors (WBAs) perform the numerous workplace-based assessments required as part of the ANZCA vocational training program. You, and the assessors you nominate, will be given access to the WBA module of the TPS.