Exemption for Advanced Training Research Project assessment requirement

Application Form and Guide

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| **How to apply**  To apply for exemption from the **Advanced Training Research Project** assessment requirement, you need to do the following:   * Ensure you understand the eligibility criteria, categories of exemption (refer to your [Advanced Training Program Handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs)). * Complete this application form and Appendix A, attach supporting documentation, and submit to the training program inbox. * Keep a copy of the completed application form for yourself before submitting.   **Contact Details**  Contact details for application submission and questions can be found on your [Advanced Training](https://www.racp.edu.au/trainees/advanced-training) webpage. |

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| **1** | **Personal Details** | | | | | | | | | | | | | | | | | | |
| **Name** | |  | | | | | | | |  |  | | | | | | | | |
|  | | **Surname** | | | | | | | |  | **Other names (in full)** | | | | | | | | |
| **Address** | |  | | | | | | | | | | | | | | | | | |
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|  | | **City** | |  | **State** | | | | | | | |  | **Postcode** | | | | | |
| **Phone** | |  | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | |
| **Email** | |  | | | | | | | | | | | | | | | | | |
| **2** | **Current Training Details** | | | | | | | | | | | | | | | | | | |
| Please indicate your Training Program: | | | | | | | | | | | | | | | | | | | |
| Faculty | | | | | | Chapter | | | | | | Advanced Training | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
| Training Program Name: | | |  | | | | | | | | | | | | | | | | |
| **3** | **Category of Exemption** | | | | | | | | | | | | | | | | | | |
| *Tick the category that apply.* | | | | | | | | | | | | | | | | | | | |
| Research doctoral degree (MD or PhD) | | | | | | | | | | | | | | | | | | |
| Master’s / Higher Degree by Research | | | | | | | | | | | | | | | | | | |
| Major project completed through a Master’s by coursework | | | | | | | | | | | | | | | | | | |
| Publication of research as first author in a peer reviewed, indexed medical scientific journal | | | | | | | | | | | | | | | | | | |
| **4** | **Declaration** | | | | | | | | | | | | | | | | | | | |
| I declare:   * The information contained in this application is true and accurate | | | | | | | | | | | | | | | | | | | | |
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| **Applicant’s full name** | | | | | | |  | **Applicant’s Signature** | | | | | | | **Date** | | |

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| **5** | **Supporting Evidence** | |
| Please note: your completion date of the research requirement is the date the certified copy of evidence of completion is received at the College. | |
| * Abstract or summary of research project * Course outline and transcript * Certified copy of evidence of completion (for example testamur / certificate) | |

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| **APPENDIX A: Postgraduate Coursework and Research** |

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| **1** | **Assessment Details** | |
| Type of assessment (*refer to the categories in* ***Section 3***) | |  |
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| Date commenced | |  |
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| Estimated date of completion | |  |
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| Name of Institution where formal study is being undertaken | |  |
|  | |  |
| Assessment title or Name of Course | |  |
|  | |  |
| Formal study topic area | |  |
|  | |  |
|  | |  |
| Description of your involvement | |  |
|  | |  |
| Publication / presentation details | |  |

**List of Attachments**

*Please list every attachment in your application and include your name in the file name of each document.*

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| **No.** | **Description** | **File Name**  *e.g., Last name, First name – YYYYMMDD Description* |
| e.g. | *Exemption Application Form* | *Your Name – 20240131 Exemption Application Form* |
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