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| RACP2016_CMYK_withtag_OL | Faculty_of_Public_Health_Medicine |
| **Learning Contract for Prospective Approval of Advanced Training** | |
| **Important information** | |
| This form is for use by Advanced Trainees and Fellows who intend to undertake Advanced Training in Public Health Medicine. Trainees must submit one Learning Contract (LC) at least once per 12 months of training. An LC may only cover a maximum of 12 months. Please note that for each new period of training (at least once a year) a new LC must be submitted for prospective approval.  If you intend to interrupt your training, take longer leave or withdraw from training you will need to complete a different application form which is available here.  You are advised to retain a copy of the completed form for your records.  Ensure you have read and familiarised yourself with the Public Health Medicine Advanced Training Program handbook and education policies.  Before you complete this formensure you have read and familiarised yourself with the [Public Health Medicine Advanced Training Program handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy). | |
| **Calculation of training time (FTE)** | |
| To ensure you have calculated your training time for this period adequately, please use the following formula:  **Total amount of months x part-time (decimal point) = months FTE**  For example, 12 months x 0.6 (60% FTE) = 7.2 months FTE. | |
| **Submission dates** | |
| Learning Contract must be submitted to the College **4 weeks after commencement** of position. | |
| **Notification of approval** | |
| Once your application has been considered by the nominated supervising committee(s), you will be notified of the decision in writing. Whenever possible, this advice will be sent **within six weeks** of the application deadline. The committee will approve the application, decline the application or defer the decision pending provision of further information.  Applications submitted after the published deadlines will attract a late fee. Consideration of applications submitted after the deadline may be delayed. Late applications will not be accepted from one month after the published deadline. If your application is submitted late, you must attach an [Application for Special Consideration](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) outlining the reasons for the delay. | |
| **Payment of training fees** | |
| You will be invoiced for your training once your training has been approved. You will be notified once an approval decision has been made and directed to [MyRACP](https://memberservices.racp.edu.au/myracp/customerservice/make-payment), where you will be able to view details of your outstanding fees and past payments.  See the [current schedule of training fees](https://www.racp.edu.au/become-a-physician/fees).  For queries or support regarding your training fees, please contact a Finance Officer by email [Accounts.Receivable@racp.edu.au](mailto:Accounts.Receivable@racp.edu.au) or call +61 2 9256 9629 or +61 2 9256 9621 to discuss the matter. | |
| **Enquiries and submission** | |
| Education, Learning and Assessment The Royal Australasian College of Physicians 145 Macquarie Street Sydney NSW 2000  AUSTRALIA  Phone: 1300 MY RACP Email: [PublicHealth@racp.edu.au](mailto:PublicHealth@racp.edu.au)  **Electronic applications accepted only.** | |

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**Annual Learning Contract   
This application may cover a single term/rotation or more than one term/rotation occurring in the year.**

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Trainee’s name | | Click here to enter text. | | Click here to enter text. | | |
|  | | SURNAME / FAMILY NAME | | GIVEN / FIRST NAME(S) | | |
| Email | | Click here to enter text. | | | | |
| Note: The College will use email as the primary method to communicate with you throughout your Advanced Training. Please ensure that you can receive e-mail from [PublicHealth@racp.edu.au](mailto:PublicHealth@racp.edu.au) by adding this address to your address book and/or safe senders list.  Any updates to contact details should be made through [MyRACP](https://my.racp.edu.au/). | | | | | | |
|  |  | | | | | |
| Member Identification Number (MIN)If you don’t know your MIN, leave it blank. | | |  | | |
|  | | |  | |  |

**2. DETAILS OF TRAINING**

|  |  |
| --- | --- |
| **Period of training** (Maximum time period covered is 12 months) | Click here to enter a date. **To** Click here to enter a date. |
|  |  |
| **Year of Advanced Training** | Choose an item. |
|  |  |
| **Duration of position** | Choose an item. |
|  |  |
| **Full-time equivalent (FTE)** | Click here to enter text. |
| Note: To ensure you have calculated your training time for this period adequately, please use the following formula:  Total amount of months x part-time (decimal point) = FTE — 12 months x 0.6 (60% FTE) = 7.2 FTE. | |
| **Number of units expected to obtain from this placement** (Maximum 1 unit per month) | Click here to enter text. |
|  |  |
| **Is the position currently accredited for public health medicine training?** | Choose an item. |
|  |  |
| **Professional role title** (For example, Public Health Officer, Lecturer, Project Officer) | Click here to enter text. |
|  |  |
| **Name of organisation, division or unit** | Click here to enter text. |
|  |  |
| **Full address of organisation, division or unit** (Clearly identify the state or territory) | Click here to enter text. |
|  |  |
| **Is the position STP-funded?** | Choose an item. |
|  |  |
| **List main workplace activities and public health projects** | Click here to enter text. |

**OVERVIEW OF PUBLIC HEALTH TRAINING ACTIVITIES / PROJECTS**(Delete columns that have not been completed)

|  |  |  |
| --- | --- | --- |
| **Project 1 title:** | Click here to enter text. | |
| **Description of public health training activity/project** | **Main roles, activities and learning strategies** Must be directly aligned with competencies in next column | **Competencies expected to be completely or partially addressed**  Highlight/bold competencies to be completely addressed |
| Click here to enter text. |  |  |
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| **Project 2 title:** | Click here to enter text. | | |
| **Description of public health training activity/project** | **Main roles, activities and learning strategies** Must be directly aligned with competencies in next column | **Competencies expected to be completely or partially addressed**  Highlight/bold competencies to be completely addressed | |
| Click here to enter text. |  |  |
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| **Project 3 title:** | Click here to enter text. | | |
| **Description of public health training activity/project** | **Main roles, activities and learning strategies** Must be directly aligned with competencies in next column | **Competencies expected to be completely or partially addressed**  Highlight/bold competencies to be completely addressed | |
| Click here to enter text. |  |  |
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**ASSOCIATED ROLES AND OTHER TRAINING**(Delete columns that have not been completed)

|  |  |
| --- | --- |
| **List associated workplace roles, one off training and other activities** | **Competencies** Directly align to list in the first column |
| 1. Click here to enter text. |  |
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| **1.1 Professional Development and self-management** | | | | | | | | | | |
| **Project/activity during THIS position** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
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|  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

**SUMMARY OF COMPETENCE LEVEL DEVELOPMENT BY   
PUBLIC HEALTH TRAINING ACTIVITIES/PROJECTS**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1.1 Professional Development and self-management** | | | | | | | | | | |
| **Project/activity during THIS position** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
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| **Project/activity from PREVIOUS position(s)** | 1.1.1 | 1.1.2 | 1.1.3 | 1.1.4 | 1.1.5 | 1.1.6 | 1.1.7 | 1.1.8 | 1.1.9 | 1.1.10 |
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|  |  |  |  |  |  |  |  |  |  |  |
| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |
|  |  |  |  |  |  |  |  |  |  |  |
| **1.2 Communication, leadership and teamwork** | | | | | | | | | | |
| **Project/activity during THIS position** | 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 | 1.2.6 | 1.2.7 | 1.2.8 | 1.2.9 | 1.2.10 |
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|  |  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 1.2.1 | 1.2.2 | 1.2.3 | 1.2.4 | 1.2.5 | 1.2.6 | 1.2.7 | 1.2.8 | 1.2.9 | 1.2.10 |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

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|  | **2.1 Universal cultural** | | | | | | | **2.3 Aboriginal and Torres Strait Islander** | | | **2.4 Ethnic minority health** | |
| **Project/activity during THIS position** | 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 | 2.1.5 | 2.1.6 | 2.1.7 | 2.3.1 | 2.3.2 | 2.3.3 | 2.4.1 | 2.4.2 |
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| **Project/activity from PREVIOUS position(s)** | 2.1.1 | 2.1.2 | 2.1.3 | 2.1.4 | 2.1.5 | 2.1.6 | 2.1.7 | 2.3.1 | 2.3.2 | 2.3.3 | 2.4.1 | 2.4.2 |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

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| **3.1 Public health information and critical appraisal** | | | | | | | | | | | | | | |
| **Project/activity during THIS position** | 3.1.1 | 3.1.2 | 3.1.3 | 3.1.4 | 3.1.5 | 3.1.6 | 3.1.7 | 3.1.8 | 3.1.9 | 3.1.10 | 3.1.11 | 3.1.12 | 3.1.13 | 3.1.14 |
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| **Project/activity from PREVIOUS position(s)** | 3.1.1 | 3.1.2 | 3.1.3 | 3.1.4 | 3.1.5 | 3.1.6 | 3.1.7 | 3.1.8 | 3.1.9 | 3.1.10 | 3.1.11 | 3.1.12 | 3.1.13 | 3.1.14 |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** | **2** |

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|  | **3.2 Public health research and teaching** | | | | | | | | | | **3.3 Healthcare and public health program evaluation** | | | |
| **Project/activity during THIS position** | 3.2.1 | 3.2.2 | 3.2.3 | 3.2.4 | 3.2.5 | 3.2.6 | 3.2.7 | 3.2.8 | 3.2.9 | 3.2.10 | 3.3.1 | 3.3.2 | 3.3.3 | 3.3.4 |
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| **Project/activity from PREVIOUS position(s)** | 3.2.1 | 3.2.2 | 3.2.3 | 3.2.4 | 3.2.5 | 3.2.6 | 3.2.7 | 3.2.8 | 3.2.9 | 3.2.10 | 3.3.1 | 3.3.2 | 3.3.3 | 3.3.4 |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** | **1** | **2** | **1** | **1** | **1** |

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|  | **4.1 Policy analysis, development and planning** | | | | | | | | | **5.1 Health promotion and community development** | | | | | |
| **Project/activity during THIS position** | 4.1.1 | 4.1.2 | 4.1.3 | 4.1.4 | 4.1.5 | 4.1.6 | 4.1.7 | 4.1.8 | 4.1.9 | 5.1.1 | 5.1.2 | 5.1.3 | 5.1.4 | 5.1.5 | 5.1.6 |
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| **Project/activity from PREVIOUS position(s)** | 4.1.1 | 4.1.2 | 4.1.3 | 4.1.4 | 4.1.5 | 4.1.6 | 4.1.7 | 4.1.8 | 4.1.9 | 5.1.1 | 5.1.2 | 5.1.3 | 5.1.4 | 5.1.5 | 5.1.6 |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **2** | **2** | **2** | **2** | **1** | **1** |

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|  | **5.2 Health protection and risk management** | | | | | | | | | | | **5.3 Infectious diseases prevention and control** | | | | |
| **Project/activity during THIS position** | 5.2.1 | 5.2.2 | 5.2.3 | 5.2.4 | 5.2.5 | 5.2.6 | 5.2.7 | 5.2.8 | 5.2.9 | 5.2.10 | 5.2.11 | 5.3.1 | 5.3.2 | 5.3.3 | 5.3.4 | 5.3.5 |
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| **Project/activity from PREVIOUS position(s)** | 5.2.1 | 5.2.2 | 5.2.3 | 5.2.4 | 5.2.5 | 5.2.6 | 5.2.7 | 5.2.8 | 5.2.9 | 5.2.10 | 5.2.11 | 5.3.1 | 5.3.2 | 5.3.3 | 5.3.4 | 5.3.5 |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** | **2** | **2** | **2** | **1** | **1** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **5.4 Chronic disease, mental illness and injury prevention** | | | | | | **6.1 Health sector advocacy** | | |
| **Project/activity during THIS position** | 5.4.1 | 5.4.2 | 5.4.3 | 5.4.4 | 5.4.5 | 5.4.6 | 6.1.1 | 6.1.2 | 6.1.3 |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| **Project/activity from PREVIOUS position(s)** | 5.4.1 | 5.4.2 | 5.4.3 | 5.4.4 | 5.4.5 | 5.4.6 | 6.1.1 | 6.1.2 | 6.1.3 |
|  |  |  |  |  |  |  |  |  |  |
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| **Attainment expected** | **2** | **2** | **2** | **2** | **1** | **1** | **1** | **1** | **1** |

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|  | **6.2 Health sector development and operation** | | | | | | | | | **6.3 Organisational management** | | | | | | |
| **Project/activity during THIS position** | 6.2.1 | 6.2.2 | 6.2.3 | 6.2.4 | 6.2.5 | 6.2.6 | 6.2.7 | 6.2.8 | 6.2.9 | 6.3.1 | 6.3.2 | 6.3.3 | 6.3.4 | 6.3.5 | 6.3.6 | 6.3.7 |
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| **Project/activity from PREVIOUS position(s)** | 6.2.1 | 6.2.2 | 6.2.3 | 6.2.4 | 6.2.5 | 6.2.6 | 6.2.7 | 6.2.8 | 6.2.9 | 6.3.1 | 6.3.2 | 6.3.3 | 6.3.4 | 6.3.5 | 6.3.6 | 6.3.7 |
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| **Attainment expected** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **1** | **2** | **1** | **1** | **1** | **1** | **1** | **1** |

**LEARNING CONTRACT CERTIFICATION**

**It is mandatory that you have a supervisor and mentor who are Fellows of the AFPHM for the period(s) of training indicated in this Learning Contract.**

**SUPERVISOR(S) DETAILS**

We agree that this document represents a complete and accurate record of the planned activities, projects and proposed competencies that the trainee will work across in accordance with the Public Health Medicine Advanced Training Curriculum for the period of training specific by this contract.

**SUPERVISOR 1**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor’s full name:** | Click here to enter text. | | | | | | | |
| **Fellow of the AFPHM** | Yes | ☐ | No | ☐ | | | | | |
| **Qualification(s):** | Click here to enter text. | | | | | | | |
| **Full address** | Click here to enter text. | | | | | | | |
| **Phone (W):** | Click here to enter text. | | | | | | | |
| **Email** | Click here to enter text. | | | | | | | |
|  |  | | | | | | | |
| **Period of supervision:** | Commencing: | | | | Click here to enter a date. | Ending: | Click here to enter a date. |

☐ I (supervisor) have sighted the Learning Contract Reports from previous training periods and other documentation relevant to the trainee’s progression (if applicable) for this trainee and identified any ongoing issues for inclusion in the trainee’s learning plan for this period.

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| **Supervisor’s signature** | **Date** |

**SUPERVISOR 2 / CO-SUPERVISOR** (if applicable)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Supervisor’s full name:** | Click here to enter text. | | | | | | | |
| **Fellow of the AFPHM** | Yes | ☐ | No | ☐ | | | | | |
| **Qualification(s):** | Click here to enter text. | | | | | | | |
| **Full address** | Click here to enter text. | | | | | | | |
| **Phone (W):** | Click here to enter text. | | | | | | | |
| **Email** | Click here to enter text. | | | | | | | |
|  |  | | | | | | | |
| **Period of supervision:** | Commencing: | | | | Click here to enter a date. | Ending: | Click here to enter a date. |

☐ I (supervisor) have sighted the Learning Contract Reports from previous training periods and other documentation relevant to the trainee’s progression (if applicable) for this trainee and identified any ongoing issues for inclusion in the trainee’s learning plan for this period.

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|  | Click here to enter a date. |
| **Supervisor’s signature** | **Date** |

**MENTOR DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Mentor’s full name:** | Click here to enter text. | | | | | | | |
| **Fellow of the AFPHM** | Yes | ☐ | No | ☐ | | | | | |
| **Qualification(s):** | Click here to enter text. | | | | | | | |
| **Full address** | Click here to enter text. | | | | | | | |
| **Phone (W):** | Click here to enter text. | | | | | | | |
| **Email** | Click here to enter text. | | | | | | | |
|  |  | | | | | | | |
| **Period of supervision:** | Commencing: | | | | Click here to enter a date. | Ending: | Click here to enter a date. |

☐ I (mentor) have sighted the Learning Contract Reports from previous training periods and other documentation relevant to the trainee’s progression (if applicable) for this trainee and identified any ongoing issues for inclusion in the trainee’s learning plan for this period.

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| **Mentor’s signature** | **Date** |

**TRAINEE DECLARATION**

Tick the boxes that apply.

|  |  |
| --- | --- |
| ☐ | I declare the information supplied on this form is complete and accurate |
|  |  |
| ☐ | I have familiarised myself with my obligations as documented in the [Public Health Medicine Advanced Training Program handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/public-health-medicine) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy). |
|  |  |
| ☐ | I have provided my supervisor(s) with copies of Learning Contract Reports from previous training periods and other documentation relevant to my progression |
|  |  |
| ☐ | I have liaised with my supervisor to confirm that the position outlined within this Learning Contract is in line with the current accreditation granted for this setting and/or, where accreditation of the setting is not required, meets the standards for training. |
|  |  |
| ☐ | My supervisors have confirmed the training information included in this application and have signed this form. |

|  |  |
| --- | --- |
|  | Click here to enter a date. |
| **Trainee’s signature** | **Date** |

**Please ensure you make a copy of the completed application form for your personal records and send the original to the College by the due date.**