



**RACP**  
Specialists. Together

**Australasian Faculty of  
Rehabilitation Medicine**



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Rehabilitation Medicine

## 2018 Application for Prospective Approval of Advanced Training

### Important Information

This application form is for use by Advanced Trainees and Fellows who intend to undertake full or part time training. 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.

**Before you complete this form** – Please ensure you have read and familiarised yourself with the relevant [Advanced Training Program Requirements Handbooks](#) and [Education Policies](#).

### Closing Dates

**28 February 2018** for approval of the first half of the training year or the entire training year

**31 August 2018** for approval of the second half of the training year

### 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 Consideration of Exceptional Circumstances](#) 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](#), where you will be able to view details of your outstanding fees and past payments.

A schedule of current training fees is available [here](#).

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 & Application Submission

**Enquiries:**

Phone: +61 2 8076 6304

Email: [Rehab@racp.edu.au](mailto:Rehab@racp.edu.au)

**Please send scanned applications to:**

Email: [Rehab@racp.edu.au](mailto:Rehab@racp.edu.au)

**Photographed applications will not be accepted by the College**



## Application for Prospective Approval of Advanced Training

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

### 1. PERSONAL DETAILS

Name of Trainee		
	SURNAME / FAMILY NAME	GIVEN / FIRST NAME(S)
E-mail		

**NB:** 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 [rehab@racp.edu.au](mailto:rehab@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 <https://my.racp.edu.au/>.

Member ID No (MIN)

*If you don't know your MIN, leave it blank.*

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**Are you of  
Aboriginal, Torres  
Strait Islander or  
Māori origin?**

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, Māori

*For persons of both  
Aboriginal and Torres  
Strait Islander origin,  
mark both 'yes' boxes.*

Māori iwi affiliation

### 2. SUPERVISION BY TWO COMMITTEES – DUAL TRAINING

**Please complete this section if you are a dual trainee.**

*Please read the training guidelines for each specialty before applying to consider if this period of training may be eligible for both specialties. You should only submit **one application** to the College – a copy will be forwarded to each committee. You are only required to pay **one annual fee** for Advanced Training.*

*I intend on completing multiple training programs and wish to have this/these terms of training considered for approval by two advanced training committees.*

Primary committee  
(most relevant to enclosed training  
rotations)

Secondary committee  
(other committee to be made  
aware of rotation details)

### 3. DETAILS OF TRAINING PROGRAM

Year of Advanced Training in 2018:

Employing Health Service/Institution:

Number of terms (or rotations) indicated on this application:

*TIP: One term should be allotted to a single rotation to a different site*

*If you are in one position for the whole period of training indicated on this application form, please provide further details under Term 1 only. If you are completing more than two terms during the period indicated on this application form **please duplicate this page and attach it to the application.***

Rehabilitation Program:  General Medicine  Paediatric Medicine

**TERM No.**

Training in the following subspecialty

Full time or  Part time If part time, percentage of full time training:  %

Duration of this training term (months):  Commencing:   
dd/mm/yy Ending:   
dd/mm/yy

Post or position:   
Hospital/Institution:   
Address:

**TERM No.**

Training in the following subspecialty

Full time or  Part time If part time, percentage of full time training:  %

Duration of this training term (months):  Commencing:   
dd/mm/yy Ending:   
dd/mm/yy

Post or position:   
Hospital/Institution:   
Address:

#### 4. SUPERVISORS

*Please note, both you and your supervisor(s) must sign this application before it is submitted to the College.*

##### Supervisor 1

Full Name of Supervisor:			
Qualification(s):			
Phone: (W)		Fax: (W)	
E-mail:			

Please specify the period of supervision: Commencing  Ending:

I (supervisor) have sighted the supervisors' 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.

Supervisor's Signature:	<input type="text"/>	Date:	<input type="text"/>
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##### Supervisor 2

Full Name of Supervisor:			
Qualification(s):			
Phone: (W)		Fax: (W)	
E-mail:			

Please specify the period of supervision: Commencing  Ending:

I (supervisor) have sighted the supervisors' 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.

Supervisor's Signature:	<input type="text"/>	Date:	<input type="text"/>
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**5. TRAINEE DECLARATION** *(please tick 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 [Advanced Training Program Requirements Handbooks](#) and [Education Policies](#).
- I have provided my supervisor(s) with copies of supervisors' 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 application 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.

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.**