**Annual Prospective Training Application**

This form is to prospectively apply for training with the Royal Australasian College of Physicians Training in Occupational and Environmental Medicine (OEM) program.

The deadline for [submission](mailto:OccEnvMed@racp.edu.au) is **30 November (for 1 January start) or 30 May (for 1 July start)**

**Late forms will incur a late fee. Handwritten forms will not be accepted.**

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| **Section 1: personal profile** | | | | | | | | | | |
|  | | | | | | | | | | |
| Surname: |  | | | | Given name: | |  | | | |
|  | | | | | | | | | | |
| Title: |  | | | Date of Birth: |  | | Gender: | |  | |
|  | | | | | | | | | | |
| Home Address: | |  | | | | | | | | |
| *Street City State Post Code Country* | | | | | | | | | | |
|  | | | | | | | | | | |
| Contact Number: | | Mob: | | | Email: | |  | | | |
| Home: | | |
|  | | | | |  | | | | | |
| Educational Supervisor: | | |  | | Training Program Director: | | | |  | |
|  | | | | | | | | | | |
| Stage of Training: | | |  | |  |  | |  | |
| Training Year: Click or tap here to enter text. Training Period: January- June  July -December | | | | | | | | | | |

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| **Section 2: Professional AND TRAINING Details** | | | | |
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| **Primary Workplace** | | | | |
| Title of Position: |  | | | |
|  | | | | |
| Organisation: |  | | | |
| [Accreditation Status](https://www.racp.edu.au/trainees/accredited-sites): | Accredited  Not Accredited  If not accredited, Accreditation Assessment Form submitted?  Yes  No | | | |
|  | | | | |
| Work Address: |  | | | |
|  |  | | Work Phone: | |
|  | | | | |
| Type of organisation: |  | | | |
|  | | | | |
| Number of hours per week worked in occupational and environmental medicine | | | |  |
|  | | | | |
| **Please provide a brief description on this position:** | | | | |
|  | | | | |
| **Other Workplace** | | | | |
| Title of Position: |  | | | |
|  | | | | |
| Organisation: |  | | | |
| [Accreditation Status](https://www.racp.edu.au/trainees/accredited-sites): | Accredited  Not Accredited  If not accredited, Accreditation Assessment Form submitted?  Yes  No | | | |
| Work Address: |  | | | |
|  |  | | Work Phone: | |
|  | | | | |
| Type of organisation: |  | | | |
|  | | | | |
| Number of hours per week (FTE) worked in occupational and environmental medicine: | | | |  |
|  | | | | |
| **Please provide a brief description on this position:** | | | | |
|  | | | | |
| **Other Workplace\*** | | | | |
| Title of Position: | |  | | |
|  | | | | |
| Organisation: | |  | | |
| [Accreditation Status](https://www.racp.edu.au/trainees/accredited-sites): | Accredited  Not Accredited  If not accredited, Accreditation Assessment Form submitted?  Yes  No | | | |
| Work Address: | |  | | |
|  | |  | Work Phone: | |
|  | | | | |
| Type of organisation: | |  | | |
|  | | | | |
| Number of hours per week (FTE) worked in occupational and environmental medicine: | | | |  |
|  | | | | |
| **Please provide a brief description on this position:** | | | | |
|  | | | | |

**\* If working in more than 3 workplaces, please contact** [**OccEnvMed@racp.edu.au**](mailto:OccEnvMed@racp.edu.au)

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| **Section 3: TRAINEE DECLARATION** |

***Please tick all 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 [OEM Training Program Requirements Handbook](https://www.racp.edu.au/docs/default-source/default-document-library/advanced-training-in-occupational-and-environmental-medicine-handbook-2019-20.pdf?sfvrsn=cbd9061a_2) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy). |
| **fees** | | | | |
| You will be required to submit the Annual Prospective Training Application to [OccEnvMed@racp.edu.au](mailto:OccEnvMed@racp.edu.au) before you pay your fees. Once your application has been received and process, you will be directed to [MyRACP](https://my.racp.edu.au/), where you will be able to view details of your outstanding fees and past payments.  A schedule of current training fees is available [here](https://www.racp.edu.au/become-a-physician/fees).  For queries or support regarding your training fees, please contact [MemberServices@racp.edu.au](mailto:MemberServices@racp.edu.au). | | | | |