**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 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 AccreditedIf 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 AccreditedIf 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 AccreditedIf 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**

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| **Section 3: TRAINEE DECLARATION**  |

***Please tick all boxes that apply***

|  |
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|[ ]  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 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.  |