

Application Form for Developmental & Psychosocial Training Completed during Basic Training

All paediatric trainees are required to complete the **Developmental & Psychosocial** training requirement during the six year training program. Trainees need to apply for approval of this training prospectively. See the *Requirements for Physician Training* for further information.

Developmental & Psychosocial training consists of a minimum of six months in one or more of the following areas:

- Developmental/behavioural paediatrics
- Disability/rehabilitation paediatrics
- Child protection
- Community paediatrics
- Child and adolescent psychiatry
- Palliative Medicine

a) Name of trainee:

Member ID Number (MIN):

b) Have you already completed the D&P training requirement?

No

Yes / Partly From: To:

If YES, please provide the name of your supervisor and the site where the training was completed.

Name of Supervisor:

Name of Training Site:

c) Are you applying (prospectively or retrospectively) for accreditation of all or part of the D&P requirement?

No Yes

If YES, you must provide details of your training below.

Name of Position held	Period (F/T, P/T)	Supervisor
Description of how the above position(s) relate to D&P Training		

DPE RECOMMENDATION:

Where possible, the DPE should comment on the suitability of the D&P terms (includes prospective, retrospective and overseas trained doctor applications).

Term adequately meets D&P requirement

Term does not adequately meet D&P requirement

Name of DPE: Signed: Date:

Comments (if applicable):

SUPERVISOR DETAILS:

A satisfactory Supervisor's Report is required for this term to be accredited. All trainees are required to sign this section and complete the supervisor details below.

- Trainees seeking **prospective** approval for this requirement in 2016 should have their Supervisor sign this section. On completion of the term, a Supervisor's Report can be downloaded from the members' web site.
- Trainees seeking **retrospective** accreditation should download a Supervisor's Report from the members' web site (or contact the College if they do not have member access), once they have received confirmation from the College that their D&P training has been approved.

It is the responsibility of the trainee to ensure that Supervisor's Reports are submitted to the College.

Full Name of D&P Supervisor:			
Full Address:			
	State:	Postcode:	
Phone: (W)	Fax: (W)		
E-mail:			

Prospective trainees only – Supervisor to complete. Please state the term you will be working with the trainee:

Commencing: Ending:

I agree to act as a supervisor for the above term and to report to the College on the trainee's performance on completion of this term.

Supervisor's Signature *Date (dd/mm/yy)* _____
Trainee's Signature *Date (dd/mm/yy)*

Please return to:

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