Exemption for Advanced Training Research Project assessment requirement

Application Form and Guide

|  |
| --- |
|  |

|  |
| --- |
| **How to apply**  To apply for exemption from the **Advanced Training Research Project** (ATRP) assessment requirement, you need to do the following:   * Ensure you understand the eligibility criteria and categories of exemption (refer to your [Advanced Training Program Handbook](https://www.racp.edu.au/trainees/advanced-training)). * Complete this application form, including Appendix A. * Submit the completed form and supporting documentation via email to [AdvancedTraining@racp.edu.au](mailto:AdvancedTraining@racp.edu.au) (Australia) or [Advanced.Training@racp.org.nz](mailto:Advanced.Training@racp.org.nz) (Aotearoa New Zealand). * Keep a copy of the completed application form for yourself before submitting. |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **Personal Details** | | | | | | | |
| **Name** | |  | | |  |  | | |
|  | | **Surname** | | |  | **Other names (in full)** | | |
| **Address** | |  | | | | | | |
|  | |  | | | | | | |
|  | |  |  |  | | |  |  |
|  | | **City** |  | **State** | | |  | **Postcode** |
| **Phone** | |  | | | | | | |
|  | |  | | | | | | |
| **Email** | |  | | | | | | |
| **Member Identification Number (MIN)** | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **Current Training Details** | | | | | | | | | | | |
| Please indicate your Training Program: | | | | | | | | | | | | |
| Faculty | | | Chapter | | | | Advanced Training | | | | | |
|  | |  | | | | | | | | | | |
| Training Program Name: | |  | | | | | | | | | | |
|  | |  | | | | | | | | | | |
| **3** | **Category of Exemption** | | | | | | | | | | | |
| *Tick the applicable category.* | | | | | | | | | | | | |
| Research doctoral degree (MD or PhD) | | | | | | | | | | | |
| Master’s / Higher Degree by Research | | | | | | | | | | | |
| Major project completed through a Master’s by coursework | | | | | | | | | | | |
| Publication of research as first author in a peer reviewed, indexed medical scientific journal | | | | | | | | | | | |
| **4** | **Declaration** | | | | | | | | | | | | |
| I declare:   * The information contained in this application is true and accurate | | | | | | | | | | | | | |
|  | | | | | |
|  | | | |  |  | | |  |  |
| **Applicant’s full name** | | | |  | **Applicant’s signature** | | | **Date** | | |

|  |  |  |
| --- | --- | --- |
| **5** | **Supporting Evidence** | |
| Please note: your completion date of the research requirement is the date the certified copy of evidence of completion is received at the College. | |
| * Abstract or summary of research project * Course outline and transcript * Certified copy of evidence of completion (for example testamur / certificate) | |

|  |
| --- |
| **APPENDIX A: Postgraduate Coursework and Research** |

|  |  |  |
| --- | --- | --- |
| **1** | **Assessment Details** | |
| Complete questions A - E for exemptions in the following categories:   * Research doctoral degree (MD or PhD) * Master’s / Higher Degree by Research * Major project completed through a Master’s by coursework | | |
|  | |  |
| 1. Date commenced | |  |
|  | |  |
| 1. Estimated date of completion | |  |
|  | |  |
| 1. Name of Institution where formal study is being undertaken | |  |
|  | |  |
| 1. Assessment title or name of course | |  |
|  | |  |
| 1. Formal study topic area | |  |
|  | |  |
| Complete questions F - H for exemptions in the following category:   * Publication of research as first author in a peer reviewed, indexed medical scientific journal | | |
|  | |  |
| 1. Formal study topic area | |  |
| 1. Description of your involvement | |  |
|  | |  |
| 1. Publication / presentation details | | Publication date:  Journal title:  Presentation details: |

**List of Attachments**

*Please list every attachment in your application and include your name in the file name of each document.*

|  |  |  |
| --- | --- | --- |
| **No.** | **Description** | **File Name**  *e.g., Last name, First name – YYYYMMDD Description* |
| e.g. | *Exemption Application Form* | *Your Name – 20240131 Exemption Application Form* |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| 13 |  |  |
| 14 |  |  |
| 15 |  |  |
| 16 |  |  |
| 17 |  |  |
| 18 |  |  |
| 19 |  |  |
| 20 |  |  |
| 21 |  |  |
| 22 |  |  |
| 23 |  |  |
| 24 |  |  |
| 25 |  |  |
| 26 |  |  |
| 27 |  |  |
| 28 |  |  |
| 29 |  |  |
| 30 |  |  |