Exemption for Advanced Training Research Project assessment requirement

Application Form and Guide

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| **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 (Australia) or Advanced.Training@racp.org.nz (Aotearoa New Zealand).
* Keep a copy of the completed application form for yourself before submitting.
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| **1** | **Personal Details** |
| **Name** |       |  |       |
|  | **Surname** |  | **Other names (in full)** |
| **Address** |       |
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|  | **City** |  | **State** |  | **Postcode** |
| **Phone** |       |
|  |  |
| **Email** |       |
| **Member Identification Number (MIN)** |       |

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| **2** | **Current Training Details** |
| Please indicate your Training Program: |
| Faculty [ ]  | Chapter [ ]  | Advanced Training [ ]  |
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| Training Program Name: |       |
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| **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
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|       |  |       |  |       |
| **Applicant’s full name**  |  | **Applicant’s signature** |  **Date** |

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

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| **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
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| 1. Date commenced
 |        |
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| 1. Estimated date of completion
 |        |
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| 1. Name of Institution where formal study is being undertaken
 |        |
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| 1. Assessment title or name of course
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| 1. Formal study topic area
 |       |
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| Complete questions F - H for exemptions in the following category:* Publication of research as first author in a peer reviewed, indexed medical scientific journal
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| 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.*

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| **No.** | **Description** | **File Name** *e.g., Last name, First name – YYYYMMDD Description* |
| e.g. | *Exemption Application Form* | *Your Name – 20240131 Exemption Application Form* |
| 1 |       |       |
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