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| Training Committee in Palliative Medicine RACP2016_OL  **Application for Approval of Clinical Foundation in Palliative Medicine Training** |
| An initiative by the Australasian Chapter of Palliative Medicine and partner groups The Royal Australian College of General Practitioners | The Royal New Zealand College of General Practitioners | The Faculty of Radiation Oncology of The Royal Australian and New Zealand College of Radiologists | The Faculty of Pain Medicine of The Australian and New Zealand College of Anaesthetists | The Australian College of Rural and Remote Medicine | The Australian and New Zealand Society of Palliative Medicine | Medical Oncology Group of Australia | |
| **Important Information** |
| This application form is for use by trainees and Fellows who intend to undertake Clinical Foundation training. You are advised to retain a copy of the completed form for your records. **Before you complete this form –** Please ensure you have read and familiarised yourself with the relevant  [Clinical Foundation Program Requirements Handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-diploma-palliative-medicine) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies). |
| **Due Date** |
| Applications for Approval of Clinical Foundation in Palliative Medicine training need to be submitted to the College within the first two weeks of commencing training rotation. |
| **Notification of Approval** |
| Once your application has been considered by the nominated supervising committee, you will be notified of the decision in writing. Whenever possible, this advice will be sent within six weeks of submission. The committee will approve the application, decline the application or defer the decision pending provision of further information.  Applications submitted after the due date may attract a late fee. Consideration of applications submitted after the deadline may be delayed. Late applications will not be accepted from one month after commencement of training. If your application is submitted late, you must attach an [Special Consideration for Assessment Application](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policy) outlining the reasons for the delay. |
| **Privacy Legislation** |
| The Royal Australasian College of Physicians is committed to protecting your personal information. We collect your personal information so that we can, amongst other things, conduct training, peer review, and examinations. Please refer to the [Privacy Collection Statement](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fcollection-statement&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811801437%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=xIzCxTNXHoMeGSLCAGMnj6DQsLGUS6A1jye7FV68kTw%3D&reserved=0) and the [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy%2Fpolicy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=naf7PpOFh%2FjYbxyAZsMH6bCNrqcs%2FpNcERdEfEyTLtc%3D&reserved=0) on the RACP website.  The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 2020 (Aotearoa New Zealand). This policy applies to all personal information collected, stored, used and disclosed by the College. Refer to the College’s [Privacy Policy](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.racp.edu.au%2Fhome%2Fprivacy&data=05%7C01%7CRebecca.Davis%40racp.edu.au%7Ccf742005904c40299fb908dad4169c05%7C09c2d83fca574dad8a0b502b18e773e8%7C0%7C0%7C638055490811957671%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=Gl4uDFNWm91eH33sCGYszDkysQVRGQz%2Fj2M0dpwRKB0%3D&reserved=0). |
| **Enquiries & Application Submission** |
| **Enquiries:**  Phone: 1300 697 227 (+61 2 9256 5444)  Email: [PallMedFoundation@racp.edu.au](mailto:PallMedFoundation@racp.edu.au)  **Submission:**  Please ensure you have saved a copy for your records and email an electronically saved or clearly scanned copy to [PallMedFoundation@racp.edu.au](mailto:PallMedFoundation@racp.edu.au) (photos will not be accepted). Please CC your nominated supervisors for their records. |

**Training Committee in Palliative Medicine**

**Application for Approval of Clinical Foundation in Palliative Medicine Training**

**1. PERSONAL DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Trainee | | |  | |  | | | |
|  | | | SURNAME / FAMILY NAME | | GIVEN / FIRST NAME(S) | | | |
| Address | | |  | | | | | |
|  | | |  | | | | | |
| Phone number | | |  | | | | | |
|  | | |  | | | | | |
| Contact E-mail | | |  | | | | | |
| **NB:** The College will use email as the primary method to communicate with you throughout your Clinical Foundation training. Please ensure that you can receive e-mail from [PallMedFoundation@racp.edu.au](mailto:PallMedDiploma@racp.edu.au) by adding this address to your address book and/or safe senders list. If your contact details change, please let us know. | | | | | | | | |
|  |  | | | | | | | |
| Date of birth | |  | | Gender | | | |  | |
|  | |  | | | |  |
| **Are you of Aboriginal, Torres Strait Islander or Māori origin?** | | No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Māori   |  | | --- | |  |   Māori iwi affiliation | | Member ID No (MIN) | | | |  | |
|  | | | |  | |
| *If you don’t know your MIN, leave it blank.* | | | | | |
| *For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘yes’ boxes*. | | | | | | | | | |

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| **If you are already in an RACP training program, please indicate:** | **Basic Training** (currently in basic training) | **Advanced Training** (completed basic training and passed the FRACP Examination) |
| ***Those wishing to undertake the Clinical Foundation in Palliative Medicine must hold a primary degree in Medicine issued by a medical school listed in the*** [***World Directory of Medical Schools***](https://search.wdoms.org/) ***or other publications approved by the*** [***Australian Medical Council (AMC)***](https://www.amc.org.au/accreditation-and-recognition/assessment-accreditation-primary-medical-programs/accredited-medical-schools/)***.*** | | |

**2. REGISTRATION WITH MEDICAL BOARD**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Are you a registered medical practitioner in Australia or New Zealand?** | **YES** | | **NO** | |
|  | | | | |
| **Current registration held with:** | **ACT** | **NSW** | | **NT** |
|  | | | | |
|  | **QLD** | **SA** | | **TAS** |
|  | | | | |
|  | **VIC** | **WA** | | ***NZ*** |
|  | | | | |

*\*\*Please provide a copy of your medical registration\*\**

**3. EDUCATIONAL BACKGROUND**

|  |  |
| --- | --- |
| **Undergraduate medical qualification** |  |
|  | |
| **Institute** |  |
|  | |
| **Date of Qualification** |  |
|  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Do you hold Fellowship of RACP or another College or Faculty? | | | | YES | NO |
|  |  | | | | |
| Specialty | FRACP: Indicate specialty |  | | |  |
| Pain Medicine (FFPMANZCA) | | | |  |
| Anaesthetics (FANZCA) | | | |  |
| Psychiatry (FRANZCP) | | | |  |
| Emergency Medicine (FACEM) | | | |  |
| Radiation Oncology (FRANZCR) | | | |  |
| General Practice (FRACGP and FRNZCGP) | | | |  |
| Rehabilitation Medicine (FAFRM) | | | |  |
| Joint Faculty of Intensive Care Medicine (FJFICM) | | | |  |
| Surgery (FRACS) | | | |  |
| Obstetrics and Gynaecology (FRANZCOG) | | | |  |
| Rural and Remote Medicine (FACRRM) | | | |  |
| Other: | | | |  |
|  |  | |  | | |
|  | Date of Admission | | /       / | | |
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**4. ACADEMIC QUALIFICATIONS IN PALLIATIVE MEDICINE OR DIRECTLY RELATED FIELDS**

Provide details of doctorate or masters level degrees or graduate Foundations or graduate certificates, relevant to palliative medicine.

|  |  |  |  |
| --- | --- | --- | --- |
| Award | Institution | Length of Program | Year Conferred |
|  |  |  |  |
|  |  |  |  |
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*Documentation from the relevant College/Faculty must be provided with the submission of this application.*

**5. OTHER FACTORS TO STRENGTHEN APPLICATION**

Provide any other information you consider would enhance your application. For example, relevant practice or study, overseas experience, specialist interests or research projects.

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**6. DETAILS OF FOUNDATION TRAINING PROGRAM TO BE UNDERTAKEN FOR PROSPECTIVE APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| Period of Training | | /    /20   To    /    /20 | |
|  | | |  |
| Full Time Equivalent (FTE) in Months | | |  |
|  | | |  |
| Hours in clinical activities per week | | | hours per week |
|  | | |  |
| Post or Position | | Registrar | |
|  | | | |
| *Please note that positions must be at Registrar level or equivalent. Resident Medical Officer (RMO) and Senior RMO positions are generally not acceptable for the Clinical Foundation.* | | Other: | |
|  | |  | |
| Hospital/Institution | |  | |
|  | |  | |
| Address | |  | |
| **Please indicate the type of training during period:** | | | |
| Palliative Inpatient Unit or Hospice: % |  | | |
|  |  | | |
| Community Setting: % |  | | |
|  |  | | |
| Teaching Hospital: **%** |  | | |
|  |  | | |
| Other (please indicate type of training): **%** |  | | |

**7. EDUCATIONAL SUPERVISOR(S) DETAILS:**

You’re required to nominate [eligible supervisors](https://www.racp.edu.au/fellows/supervision/supervisor-professional-development-program) who meet the supervision requirements of the training program. You can find a list of eligible supervisors on [MyRACP](https://my.racp.edu.au/). This list isn’t available for post-Fellowship trainees. Post-Fellowship trainees can contact us to confirm supervisor eligibility.

The Educational Supervisor should assist the trainee in preparation of this application and the learning program of training. The Educational Supervisor should have a close working relationship with the trainee during the period of supervision. If this cannot be achieved due to term allocations and/or secondment, an additional supervisor may be required. A trainee will be under the supervision of a specialist in palliative medicine who holds the FRACP and/or FAChPM.

**Supervisor 1**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Supervisor: |  | | |
| Qualification(s): |  | | |
| Full Address: |  | | |
| Phone: (W) |  | Fax: (W) |  |
| E-mail: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please specify the period of supervision:** | Term(s): |  | Commencing: |  | Ending: |  |
|  |  |  | dd/mm/yy | | dd/mm/yy |

***Signature not required where trainee will be including the supervisor/s in the email submission to the college***

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Signature: |  | Date: |  |

**Supervisor 2**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of Supervisor: |  | | |
| Qualification(s): |  | | |
| Full Address: |  | | |
| Phone: (W) |  | Fax: (W) |  |
| E-mail: |  | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Please specify the period of supervision:** | Term(s): |  | Commencing: |  | Ending: |  |
|  |  |  | dd/mm/yy | | dd/mm/yy |

***Signature not required where trainee will be including the supervisor/s in the email submission to the college***

|  |  |  |  |
| --- | --- | --- | --- |
| Supervisor’s Signature: |  | Date: |  |

**8. CLINICAL EXPERIENCE DURING TRAINING TERM**

*(to be completed jointly by trainee and supervisor)*

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| **Interdisciplinary palliative medicine for inpatients** |
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| **Practical day to day decision making with the patient** |
|  |
| **The delivery of palliative medicine services to the community and in clinics** |
|  |
| **Consultations to other units of the hospital, particularly in a teaching hospital environment** |
|  |
| **Educational Environment in the training unit** |
|  |

**9. APPLICANT DECLARATION**

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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 [Clinical Foundation Program Requirements Handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/clinical-diploma-palliative-medicine) and [Education Policies](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies). |
|  | I have included all relevant supporting documentation with my application, including evidence of completion of a medical degree and copy of medical registration. |
|  | My supervisors have confirmed the training information included in this application and have signed this form. |

|  |  |  |  |
| --- | --- | --- | --- |
| Trainee’s Signature: |  | Date: |  |

***Signature not required where trainee will be including the supervisor/s in the email submission to the college***