|  |  |
| --- | --- |
| 12012 AFPHM logo (2) | **Application for Eligibility**  **to Join the AFPHM Advanced Training Program** |
| **Application Information** | This form is to be used by applicants as the first part of a two-stage process to enter the Advanced Training Program with the Australasian Faculty of Public Health Medicine. Its purpose is to assess eligibility and is useful for the applicant to complete *before* they seek a training position.  The applicant should ensure that all requested information is provided on this form.  Once completed, the full application form and supporting documents should be forwarded by the applicant to the Royal Australasian College of Physicians at the following address:  **Education Services The Royal Australasian College of Physicians 145 Macquarie Street SYDNEY NSW 2000**  **Please submit the signed original Application form to the college via post or via email at** [PublicHealth@racp.edu.au](mailto:PublicHealth@racp.edu.au)**.  You are advised to retain a copy of the completed form for your records.**  The Faculty Training Committee (FTC) will review the completed form and provide written notification to the Applicant to indicate their eligibility status. The second part of the application process will require eligible candidates to secure a suitable training position and submission of an ***Application to Commence Training.*** |
| **Prerequisites** | To be eligible to enter Advanced Training you must meet the following:   1. Trainees in Australia (Including IMGs): Have general medical registration with the Medical Board of Australia. Trainees in New Zealand: Have general medical registration with Medical Council of New Zealand and a practicing certificate. 2. Have a minimum of three years post graduate medical experience. This experience must include at least one year of clinical experience, an internship year and a further clinical year or a year in a health-related field. . 3. Have completed a Master of Public Health (MPH) or equivalent Master’s Degree that includes the Faculty’s core discipline areas of:  * Epidemiology * Biostatistics * Health Protection (Includes Environmental Health and/or Communicable Disease Prevention and Control) * Health Promotion * Health Policy, Planning or Management.   4. Employed in an approved public health medicine position. \*\* The position must either have current accreditation for public health medicine training, or be pending accreditation.  \*\*Note: The fourth prerequisite is included on this form for information only as it is part of the second stage in the application process and is not necessary to meet when submitting this form. |
| **Submission Date** | **Deadline Submission**  Eligibility to Join the Advanced Training Program form for new trainees wishing to commence training is due on the last calendar day of every month. |
| **Privacy Legislation** | The College complies with the requirements of the national Privacy Act 1988 (Cwlth) (Australia) and the Privacy Act 1993 (New Zealand) and has adopted the Australian National Privacy Principles as the guidelines for ensuring the protection of personal information in its care. This policy applies to all personal information collected, stored, used and disclosed by the College.  Personal and training related information that you provide will only be used by the College (including its boards and training committees, state/regional committees and supervisors of training) to administer, assess and develop the training program and monitor workforce trends. Confirmation of training status will be provided to Medical Boards upon request. Further details can be found [here](https://www.racp.edu.au/home/privacy). |
| **Notification of Approval** | Once your application has been considered by the nominated supervising committee(s), you will be notified of the decision in writing. Whenever possible, this advice will be sent within six weeks of the application deadline. The committee will approve the application, decline the application or defer the decision pending provision of further information.  Consideration of applications submitted after the deadline may be delayed. The College retains the right to decline applications submitted after the specified deadline. If your application is submitted late, you must attach a covering letter outlining the reasons for the delay. |
| **Instructions for completing this form** | Please complete Sections A – E and attach all requested information. The more detailed information you can provide, the easier it is for the Committee to make a decision.  Attachment One is provided as an example for mapping the MPH or equivalent degree.   *Please note that supporting documentation must be provided for all information provided. This includes, where relevant, references from employers documenting work load, certificates of MPH course completed and certificates of registration. Applications* ***will not*** *be considered until these are satisfactorily provided.* |



**Faculty of Public Health Medicine**

**Application for Entry and Approval of Training for Faculty of Public Health Medicine**

# APPLICANT DETAILS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Applicants Name** |  | |  | |
|  | SURNAME / FAMILY NAME | | GIVEN / FIRST NAME(S) | |
| **Address** |  | | | |
|  |  | | | |
| **Phone (H)** |  | | | |
| **Phone (M)** |  | | | |
| **E-mail** |  | | | |
| **Fax** |  | | | |
|  | **NB:** The College will use email as the primary method to communicate with you throughout your Public Health training. It is important that you take the following steps:   * keep a valid email address on file with the College at all times * check your email regularly * Ensure that you can receive email from [PublicHealth@racp.edu.au](mailto:PublicHealth@racp.edu.au) by adding this address to your address book and/or safe senders list. | | | |
| Date of Birth |  | Gender | |  |
| **Are you of Aboriginal, Torres Strait Islander or Maori origin?** | No    Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Māori  *For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘yes’ boxes*.  *For persons of both Aboriginal and Torres Strait Islander origin, mark both ‘yes’ boxes.* | | | |

# 2 MEETING PREREQUISITE ONE

**2B REGISTRATION WITH MEDICAL BOARD**

|  |  |  |
| --- | --- | --- |
| **Are you a registered medical practitioner in Australia?** | **YES** | **NO** |
|  | | |  |
| If training in Australia, you are required to submit documentary evidence of medical registration with the Medical Board of Australia.  **Please indicate if this is attached:** Yes  No  If training in New Zealand, you are required to submit documentary evidence of medical registration with the Medical Council of New Zealand and a practicing certificate. | | |  |
| **Please indicate if this is attached:** Yes  No | | |  |
|  | | |  |

# 3 MEETING PREREQUISITE TWO

**You are required to submit documentation to show that you have at least three years post graduate experience.  
  
3A Curriculum Vitae***Please attach your current Curriculum Vitae and any other relevant evidence such as details of publications and/or presented papers.*

|  |
| --- |
| **Please indicate if your current CV is attached:** |
|  |

Yes  No

|  |  |
| --- | --- |
| **Please indicate if details of publications and/or presented papers attached:** |  |

**3 years Post Graduate Medical Experience**: Yes  No

# 4 MEETING PREREQUISITE THREE

**You are required to map your MPH (or equivalent) degree against the Faculty’s core discipline areas.** *Please refer to Attachment 1 which is provided as an example for how to map your degree.*

**4A Course Information**

|  |  |
| --- | --- |
| **Applicant Name** |  |
|  | |
| **Degree** |  |
|  | |
| **University** |  |
|  | |
| **Is the course complete?**  Yes  No | |
|  | |
| **If No, please clearly indicate which units are incomplete and what date you expect it to be completed** *(eg: Health Protection – 31 December 2016*  *Biostatistics – 28 August 2016)* |  |

|  |  |
| --- | --- |
| **Academic Transcript (MPH)** | You are required to submit a copy of your academic transcript for your MPH or equivalent degree.  Please indicate if this is attached:  Yes  No |
| **MPH Mapping Exercise** | You are required to map your MPH or equivalent against the faculty’s core discipline areas.  Please indicate if this is attached: Yes  No |

# 5 MEETING PREREQUISITE FOUR

**This section is NOT compulsory for the first stage of the application process.**

**However, if applicants already meet pre-requisite 4, i.e. they have obtained a suitable training position approved by the Regional Education Coordinator; they may submit both the *Eligibility to Join the Advanced Training Program* form and the *Application to Commence Advanced Training* form for review by the FTC.**

**5A Training Position**

**Please indicate if the Application to Commence Advanced Training is attached:**

Yes  No

**6 CHECKLIST FOR TRAINEES**

I declare the information supplied on this form is complete and accurate

I have familiarised myself with my obligations as documented in the *Progression through Training* and *Flexible Training* policies found on the RACP website [here](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies).

I understand my obligation to complete the training requirements outlined in the Public Health Training Requirements Handbook.

I have included all relevant supporting documentation including:

Proof of Medical Board Registration

Curriculum Vitae

MPH Mapping Exercise form

MPH Transcript

**7 APPLICANT DECLARATION**

I certify that the information I have provided in this application is true and agree that, if necessary, the FTC may seek information from other persons to clarify or verify any such information I have provided.

|  |  |
| --- | --- |
| **SIGNED** |  |
|  | |
| **DATE** | **/       /** |