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| **About this form** |
| Use this form if you have already lodged an Annual Application for Basic Training this year and wish to update us on changes to your training. You can include changes to:   * rotation dates * specialities * training sites * annual leave and/or * supervisors.   Before submitting your Amendment Application, you may wish to:   * review your current training record on the [Basic Training Portal](https://www.racp.edu.au/trainees/training-portals) * review information about the Basic Training requirements in the [Basic Training Program Requirements Handbook](https://www.racp.edu.au/trainees/basic-training) (‘Adult Internal Medicine’ or ‘Paediatrics & Child Health’).   Note: If you wish to register for training, the online form is available in the [divisional Handbook](https://www.racp.edu.au/trainees/basic-training). |
| **Registration of leave** |
| If you are taking leave during a rotation, enter the details in the ‘Leave Dates’ column OR if your leave falls between rotations, you can enter your leave as a separate rotation.  If your leave exceeds 2 months (8 consecutive weeks), you will need to submit an [Interruption of Training](https://www.racp.edu.au/trainees/flexible-training-options/interrupting-or-withdrawing-from-training) form.  Please note: If Basic Training is interrupted for more than 2 months within one clinical year, this may affect your progression through training. Please refer to the [Flexible Training Policy and the Progression Through Training Policy](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies) for information on leave entitlements, interruptions to training, and time limits to complete training programs. |
| **Submit your form** |
| |  |  | | --- | --- | | **Australian Office** | **New Zealand Office** | | Phone (AUS): 1300 697 227  Phone (INT): +61 2 9256 5444  Email: [BasicTraining@racp.edu.au](mailto:BasicTraining@racp.edu.au)  The Royal Australasian College of Physicians  Basic Training Unit  145 Macquarie Street  SYDNEY NSW 2000 AUSTRALIA | Phone (NZ): 04 472 6713  Phone (INT) +64 4 472 6713  Email: [Basic.Training@racp.org.nz](mailto:Basic.Training@racp.org.nz)  The Royal Australasian College of Physicians  Basic Training Unit  P.O. Box 10 601  WELLINGTON 6143 NEW ZEALAND |  * You can email or post your signed form to the Basic Training Unit. * **Please retain a copy of this form for your own records.** |
| **What happens next?** |
| * You will receive an email confirming that we have received your Amendment Application. * Once your application has been processed, you will receive an email confirming that your record has been updated. * If you are training for less than a full year, pro-rata training fees will apply. Pro-rata training fees are based on 44 weeks of training, in accordance with the Progression through Training Policy. * Please contact us with any questions about your Amendment Application, progression through training, or outstanding training requirements. |
| **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. Further details can be found on the [RACP Website](https://www.racp.edu.au/home/privacy). |

**Basic Training Rotations**

**Amendment Application**

**Personal details**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name of Trainee |  | | |  | |
|  | FAMILY / LAST NAME(S) GIVEN / FIRST NAME(S) | | | | |
|  |  | | | | |
| MIN |  | Mobile |  | | |
| Email |  |  |  | | |
|  |  |  |  | |  |
| Division | Adult Internal Medicine |  | Paediatrics & Child Health | |  |
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**MyRACP**

Log in to [MyRACP](https://www.racp.edu.au/) to:

* update your address details
* change your online password
* pay training fees
* choose communications preferences

Need help using MyRACP? Contact [MemberServices@racp.edu.au](mailto:memberservices@myracp.edu.au)

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| **OFFICE USE ONLY** | **MIN** | **DATE RECEIVED** | **ACKNOWLEDGED BY** (initials of staff) | **ENTERED BY** (initials of staff) |

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| **Details of changes to training program** |

**Name:       \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MIN:** **\_\_\_\_\_\_\_\_\_\_\_** **BPT year (eg BPT1):       \_\_\_\_\_ Clinical year:      \_\_\_\_\_**

| Details  (please enter details of rotations you wish to change; do not enter rotations you do NOT wish to change) | | | Name of Primary Hospital (must be [accredited for Basic Training](https://www.racp.edu.au/trainees/accredited-training-sites)) | Name of Training Site (if different from Primary Hospital) | Educational Supervisor | Training Rotation/ Medical Speciality | Rotation Dates (dd/mm/yy – dd/mm/yy) | Leave Dates (dd/mm/yy – dd/mm/yy) | F/T or % Part Time | Total no. of weeks (FTE) | Adult or Paeds term? (A/P) | Did this rotation include Isolation Leave\*?  (Y/N) | D&P term? (Y/N) ***\*PCH only*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rotation/ record to be changed | | Current  (as listed on the BT Portal) |  |  |  |  |  |  |  |  |  |  |  |
| New/ Changed |  |  |  |  |  |  |  |  |  |  |  |
| Rotation/ record to be changed | | Current (as listed on the BT Portal) |  |  |  |  |  |  |  |  |  |  |  |
| New/ Changed |  |  |  |  |  |  |  |  |  |  |  |
| Rotation/ record to be changed | | Current  (as listed on the BT Portal) |  |  |  |  |  |  |  |  |  |  |  |
| New/ Changed |  |  |  |  |  |  |  |  |  |  |  |
| Rotation/ record to be changed | | Current  (as listed on the BT Portal) |  |  |  |  |  |  |  |  |  |  |  |
| New/ Changed |  |  |  |  |  |  |  |  |  |  |  |
| Rotation/ record to be changed | | Current  (as listed on the BT Portal) |  |  |  |  |  |  |  |  |  |  |  |
| New/ Changed |  |  |  |  |  |  |  |  |  |  |  |
|  | **My Professional Development Advisor (PDA) is:**       \_\_\_\_\_\_ | | | | | | | | | | | | |
| **Isolation Leave\*** | | | | | | | | | | | | | |
|  | **Were you required to take Isolation Leave?** Y / N  What were the dates of the leave taken?  **Please provide a brief outline of any additional information to be considered and attach suitable evidence such as a medical certificate, evidence from your employer or a Statutory Declaration.**    **\****A trainee can take up to 2 weeks (10 working days) of Isolation Leave per calendar year without it affecting their certifiable training time or RACP absence from training allowance* as per section 4.5.5 of the RACP’s [*Progression Through Training Policy*](https://www.racp.edu.au/trainees/education-policies-and-governance/education-policies)*.* | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | |
|  | **This section must be completed by the RACP Director of Physician/Paediatric Education (DPE) at the Primary Hospital(s) listed above**  I,      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, confirm and approve the above changes to rotation(s). Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:      \_\_\_\_\_\_\_\_\_\_  *Name of DPE Signature of DPE Date signed* | | | | | | | | | | | | |

***\* Please copy this page if more space is required***