Application for Admission to the Occupational and Environmental Medicine Training Program

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| **Information** | |
| **Eligibility to Apply** | To be eligible to apply to become an Occupational and Environmental Medicine (OEM) trainee, an applicant must meet the entry criteria as listed in the [Training in Occupational and Environmental Medicine PREP Handbook](https://www.racp.edu.au/trainees/advanced-training/advanced-training-programs/occupational-and-environmental-medicine). |
| **Lodging the Application Form** | **Closing dates for applications for admission into the OEM training program:**  There are 2 annual intake dates into the OEM Training Program, with the following application deadlines:   * 31 March for commencement on 1 July of the same year, OR * 30 September for commencement on 1 January of the following year.   **LATE APPLICATIONS WILL NOT BE ACCEPTED. Please ensure that you allow enough time to contact a Training Program Director and complete your application.**  **Submitting the Application Form**  Applicants should keep a copy of the completed application form for their records. The original form should be forwarded to the College by email to [OccEnvMed@racp.edu.au](mailto:OccEnvMed@racp.edu.au). |
| **Enquiries** | Email: [OccEnvMed@racp.edu.au](mailto:OccEnvMed@racp.edu.au) |
| **Privacy Legislation** | The College complies with the national privacy legislation effective 21 December 2001 (Australia) and the Privacy Act 1993 (New Zealand). 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.  The full policy statement can be viewed on the [RACP website](https://www.racp.edu.au/home/privacy). |

**Application for Admission to THE OEM Training PROGRAM**

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| **Section 1: personal DETAILS** | | | | | | | | | | |
|  | | | | | | | | | | |
| Surname |  | | | | Given name (in full) | | | |  | |
|  | | | | | | | | | | |
| Title |  | | | Date of Birth |  | | | | | Gender  Male  Female |
|  | | | | | | | | | | |
| Address |  | | | | | |  |  | | | |
| Street City | | | | | | | | | | |
|  |  | | | | | |  |  | | | |
| State Post Code Country | | | | | | | | | | |
| Contact Number | |  | | | | Email\* |  | | | |
|  | | | | | |  | | | | |
| State / Country of Medical Registration | | |  | | | \* The College will use email as the primary method to communicate with you throughout your training. It is important that you keep a valid email address on file with the College at all times and check your email regularly. | | | | |
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| Year of Medical Registration | | |  | | |

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| Are you of Aboriginal or Torres Strait Islander origin?  No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Both | Are you of New Zealand Maori Origin?  No  Yes  Iwi Affiliation: |

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| **Section 2: Professional Details** | | | | | | | | | | |
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| **Primary Workplace** | | | | | | | | | | | |
| Title of Position | | |  | | | | | | | | |
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| Organisation | | |  | | | | | | | | |
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| Accreditation Status | | Accredited  Not Accredited  If not accredited, [Accreditation Assessment Form](https://www.racp.edu.au/trainees/accredited-training-sites) submitted?  Yes  No | | | | | | | | | |
| Work Address | | |  | | | | | | | | |
|  | | |  | | | | | Work Phone: | | | |
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| Type of organisation | | |  | | | | | | | | |
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| Number of hours per week worked in occupational and environmental medicine | | | | | | | | | |  | |
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| **Please provide a brief description on this position:** | | | | | | | | | | | |
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| **Other Workplace** | | | | | | | | | | | |
| Title of Position | | |  | | | | | | | | |
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| Organisation | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Accreditation Status | | Accredited  Not Accredited  If not accredited, application submitted?  Yes  No | | | | | | | | | |
| Work Address | | |  | | | | | | | | |
|  | | |  | | | | | Work Phone: | | | |
|  | | | | | | | | | | | |
| Type of Organisation | | |  | | | | | | | | |
|  | | | | | | | | | | | |
| Number of hours per week (FTE) worked in occupational and environmental medicine | | | | | | | | | |  | |
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| **Please provide a brief description on this position:** | | | | | | | | | | | |
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| **Past positions held** (in chronological order from graduation) | | | | | | | | | | |
| **position title**  (e.g. medical officer) | | | **type of organisation**  (e.g. hospital) | | | **employer** | | | **dates**  (mm/yy – mm/yy) | |
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| **SECTION 3: QUALIFICATIONS** | | | | | | | | | | |
| *Please list completed qualifications (include medical degree)* | | | | | | | | | | |
| **cert / degree / diploma** | | | | **year graduated** | | | | **institution** | | |
| 1. | | | |  | | | |  | | |
| 2. | | | |  | | | |  | | |
| 3. | | | |  | | | |  | | |
| 4. | | | |  | | | |  | | |
| 5. | | | |  | | | |  | | |
| *Please list* ***postgraduate course details*** | | | | | | | | | | |
| **course** | | **year started** | | | **expected completion** | | | | | **institution** |
| 1. | |  | | |  | | | | |  |
| 2. | |  | | |  | | | | |  |
| 3. | |  | | |  | | | | |  |

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| **SECTION 4: PUBLICATIONS** *(Please attach a list of all publications)* |

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| **SECTION 5: MEMBERSHIP WITH OTHER PROFESSIONAL BODIES** | | | |
| *Please list membership with other professional bodies* | | |
| **body** | **category of membership** | **year joined** |
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| 2. |  |  |
| 3. |  |  |
| 4. |  |  |

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| **SECTION 6: ELIGIBILITY TO ENTRY INTO TRAINING PROGRAM** | | |
| **In order to be eligible to enter the training program at Stage A, an applicant MUST meet the following criteria:**  *(please tick if you meet the criteria)* | | |
|  | Have General medical registration with the Medical Board of Australia if undertaking training in Australia, or medical registration with general scope of practice with the Medical Council of New Zealand if undertaking training in New Zealand. | |
|  | Have completed at least two full-time years of postgraduate general clinical experience. | |
|  | Have applied for (with the intent of enrolling in and continuing), or completed an appropriate postgraduate  course at diploma level or above in occupational and environmental health or a related field deemed appropriate by the Faculty Training Committee. | |
|  | Hold a position of employment that requires on average no less than 20 hours of OEM practice per week at a site accredited by the RACP and Faculty. | |
|  | Have reached an agreement with an AFOEM Fellow to be Educational Supervisor, and have had this approved by the relevant regional Training Program Director. | |
|  | Have not been involuntarily discontinued because of failure to progress from any Royal Australasian College of Physicians training program. | |
|  | Agree to comply with the training requirements and administrative procedures for the duration of the program. (For detailed OEM PREP training program requirements, please refer to [OEM PREP Training Handbook](http://handbooks.racp.edu.au/#/occupational-and-environmental-medicine/2016/summary/0)) | |
| **Eligibility to enter the training program at Stage B:**  To be eligible to enter the training program at Stage B, the applicant must meet the basic entry requirements (above) and provide adequate evidence of comparable abilities or achievements (below) for consideration. This will be automatically considered based on the information provided in your application.   * Have completed an Advanced Life Support (ALS) course and provided a certificate of completion to the College office; AND * Have completed Stage A of the OEM Training Program as evidenced by fulfilment of all the assessment requirements; or * Have completed RACP Basic Training in Adult Internal Medicine and passed the RACP written and clinical examinations; or * Have completed Modules 1 and 2 of the training course of the Australasian Faculty of Rehabilitation Medicine; or * Hold Fellowship of the Royal Australian College of General Practitioners; or * Hold Fellowship of the Royal New Zealand College of General Practitioners; or * Hold Fellowship of the Australian College of Rural and Remote Medicine. | | |
| **SECTION 7: APPLICATION DECLARATION** | |

I declare that I:

* Meet the basic criteria of entry into the OEM training program.
* Understand that the Faculty Training Committee will place me in Stage A unless I provide adequate evidence of comparable abilities or achievements for consideration for Stage B.
* Understand that I will be accepted into the next available intake as stated on the letter of confirmation of enrolment sent from the College office.
* Understand that all communications with the College will be confidential.
* Agree to hold the objectives and support the activities of the College and be bound by its by-laws.
* The information given in this form is true and correct and attached copies of the documents in support of this application are all certified *(please list all the attached documents on page 6)*.

I hereby apply for the entry into the OEM training program.

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| **signature of applicant:** |  |
|  | |
| **date:** | Click here to enter a date. |

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| **SECTION 8: REGIONAL TRAINING PROGRAM DIRECTOR DECLARATION** | | | | | |
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| **Name of supervisor** | |  | | | |
|  | I have checked that the application is complete, the required documents as listed previously are attached and that the applicant meets all entry criteria. | | | | |
| **Comments:** | | | | | |
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| **NAME of** **TRAINING PROGRAM DIRECTOR:** | | |  | |
|  | | | | |
| **Signature of** **TRAINING PROGRAM DIRECTOR:** | | | |  |
|  | | | | |
| **date:** | | | | Click here to enter a date. |
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| |  | | --- | | **CHECKLIST FOR APPLICATION** | | *Please tick if completed* | | I have contacted the Regional TPD and have a potential Educational Supervisor confirmed. | | I have completed the application form and signed the Application Declaration on page 5. | | My regional TPD has signed the Declaration on page 5.  My site of employment at which I will be undertaking my OEM practice is accredited, or has submitted  an [Accreditation Assessment Form](https://www.racp.edu.au/trainees/accredited-training-sites) for review. | | I have made myself a copy of the completed application form. | | I have posted or emailed the completed form to the College by the appropriate due date. | | I have attached **certified** copies of the documents in support of this application as required.  *(Please tick and list all attachments)*  **Certified** copies of your qualifications (diploma) (do not send originals)  **Certified** copies of your current registration certificate (do not send originals)  **Certified** copy Advanced Life Support qualifications (certificate) (do not send originals)  A list of all publications | | | | | | |
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