



ANZCA SRA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Training Assessment

Scholar role activity completion

1. TRAINEE DETAILS

ANZCA ID: | | | | | | | | | |

Family Name: _____

First Name: _____

Email: _____

Region: _____

Please attach the following documents:

1. Written confirmation from your supervisor of the satisfactory completion of the activity
2. Evidence of the completed activity e.g. submission of thesis, research report. (An electronic version is preferred.)
This should be between 3000-5000 words, excluding references.
3. Where applicable, a copy of local ethics approval for the activity.

2. STATEMENT BY NOMINATED SUPERVISOR

I confirm that the trainee was the major contributor to the specified activity.

Supervisor's signature: _____

Date: | | | | | | | | | |
Day Month Year

Send your completed form and accompanying documents to the College:

Email: training@anzca.edu.au

Fax +61 3 8517 5362