

This form is to be used by trainees undertaking training in an accredited unit that does not have a diving and hyperbaric medicine (DHM) supervisor of training (SOT) (refer to handbook section 3.3.2). Co-supervision should be coordinated between the nominated clinical supervisor from this unit and a supervisor of training from another accredited unit. This arrangement must be notified to ANZCA within four calendar weeks of training time commencing.

1 TRAINEE INFORMATION

ANZCA ID:

Name: _____

2 TRAINING PLACEMENT

Training site: _____

Start date: End date:

3 NOMINATED CLINICAL SUPERVISOR

Name: _____

Specialist qualification: _____

Phone number: _____ Email address: _____

4 CO-SUPERVISOR (MUST BE A DHM SUPERVISOR OF TRAINING)

ANZCA ID:

Name: _____

Training site: _____

I agree to the supervision arrangements in this application.

Nominated clinical supervisor signature: _____

Co-supervisor signature: _____

Send your completed form and accompanying documents to the College:

ANZCA Training Assessment unit
PO Box 6095, Melbourne, Victoria 3004, Australia
Email: dhm@anzca.edu.au | Fax: +61 3 8517 5362