This form is to be used by trainees seeking to undertake a diving or hyperbaric medicine related course that is not included in the preapproved list. Applications will be assessed by the DPA assessor in consultation with the chair of the Diving and Hyperbaric Medicine Sub-Committee.

1. **COURSE STANDARDS**

Each course is required to address the learning outcomes within section one, diving medicine, or section two, hyperbaric medicine of the ANZCA Advanced Diving and Hyperbaric Medicine Curriculum. Each course must:

1. Be coordinated by a specialist who holds the ANZCA DHM certificate or the ANZCA Diploma of Advanced Diving and Hyperbaric Medicine.
2. Have a detailed course outline which defines the:
   a. Sessions included in the course.
   b. Duration of each session.
   c. Objectives of individual sessions.
3. Be conducted by facilitators who have suitable expertise for the relevant session. A facilitator’s guide should be provided to ensure consistency of delivery of the session content.
4. Provide pre-course reading which provides relevant foundation knowledge of the course content.
5. Be deliverable as a continuous course or in parts, and total approximately 60 hours of learning time.
6. Utilise learning methods that are appropriate for the session content. For example, case discussions for the application of clinical knowledge, and hands-on activities for learning practical skills.
7. Incorporate interaction with other participants of the course, such as guided discussion regarding realistic case scenarios.
8. Include an assessment with issue of a certificate of satisfactory completion and a mechanism to provide feedback to participants who may need further development in specific areas.
9. Distribute session and/or course evaluation form/s to monitor participant satisfaction and have a system for implementing suggestions obtained from participants to maintain and improve the quality of the course.
10. Ensure that a record is maintained of previous courses, including the date, venue, names and qualifications of facilitators, names of participants and outcomes of their assessments.

2. **CONTACT INFORMATION**

ANZCA ID: [ ] [ ] [ ] [ ] [ ]

Name: ________________________________________________________________

Phone number: ______________________ Email address: ______________________

3. **COURSE COORDINATOR INFORMATION**

Name: ________________________________________________________________

Phone number: ______________________ Email address: ______________________

DHM qualification:

<table>
<thead>
<tr>
<th>ANZCA Diploma of Advanced DHM</th>
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<tbody>
<tr>
<td>ANZCA certificate of DHM</td>
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The course is related to:

<table>
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<tr>
<th>Diving medicine</th>
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<td>Hyperbaric medicine</td>
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Course title: ____________________________________________________________

Course provider (name of institution): ______________________________________

Approximate total learning time (in hours): ________________________________

What learning methods are utilised in the sessions?
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

In what ways can course participants interact with each other? ______________
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Does the course include an assessment with issue of a certificate of satisfactory completion?  
[ ] Yes  [ ] No

In what ways does the course provide feedback to participants who may need further development in specific areas?  
_______________________________________________________________________
_______________________________________________________________________
_______________________________________________________________________

Does the course have a system for monitoring participant satisfaction and implementing suggestions obtained from participants to maintain and improve the quality of the course?  
[ ] Yes  [ ] No

Is a record of previous courses maintained, which includes date, venue, names and qualifications of facilitators, names of participants and outcomes of their assessments?  
[ ] Yes  [ ] No

Supporting documentation required with this application:

1. Detailed course outline which defines the:
   a. Sessions included in the course.
   b. Duration of each session.
   c. Objectives of individual sessions.

2. Pre-course reading which provides relevant foundation knowledge of the course content.

3. The facilitator’s guide for the course.

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