

This form is to be used by trainees seeking an assessment of their eligibility for recognition of prior learning (RPL). The assessment will be made by the DPA assessor and you will be notified of the credits for which you are eligible. Following assessment, you will need to pay the award of RPL fee in order to receive the credits.

For more information, refer to section 10 of the *ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training*.

1 PERSONAL INFORMATION

ANZCA ID:

Name:

2 RECOGNITION OF CLINICAL EXPERIENCE TRAINING TIME

Start date	End date	FTE	Total duration (weeks)	Weeks of leave	Training site
<i>FTE: Full time equivalent</i>			TOTAL		

3 RECOGNITION OF COURSE COMPLETED

Course (diving, hyperbaric, advanced life support)	Date completed	Course name and location

4 DECLARATION OF APPLICANT

I solemnly declare that the statements made in this application are true and accurate.

Signature: _____ Date:

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5 SUPPORTING DOCUMENTATION

The following documents should be included with this application:

1. A supporting letter on original hospital letterhead that confirms the following for each term you have ticked to indicate that you wish to have assessed for RPL:
 - Dates of appointment.
 - Type of experience.
 - Amount of leave taken.
 - Accreditation of training by relevant training body.
2. Evidence of course completion.
3. For any terms with part-time training, documentation that shows:
 - Your duties comprised a minimum of 20 per cent of the commitment of a full-time trainee in the same department.
 - You participated in both in-hours and out-of-hours duties on an FTE-proportional basis.
 - You participated in the local/regional teaching on at least an FTE-proportional basis.

Refer to the ANZCA DHM webpage for the recognition of prior learning preliminary assessment fee.

Payment amount: _____

Please find enclosed my cheque/bank draft

Cheques or bank drafts must be made in New Zealand dollars and payable to ANZCA.

Please charge my credit card (tick one) Visa MasterCard

Credit Card number: _____

Name on card: _____ Expiry date:

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Cardholder's 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