ABN 82 055 042 852

ANZCA

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

Training Assessment

DPA Assessor Request Form

DPA

The purpose of this form is to apply for an exception to the regulations under regulation 37.19. This can include a request for deferment of training period requirements. See notes section for more information.

1. PERSONAL INFORMATION

ANZCA ID:

Family Name: First Name:

2. REASON FOR REQUEST

Please describe your request and provide an explanation. If you require more space you may continue on another page.

3. DECLARATION OF TRAINEE

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

Signature: Date: Day Month Year

4. SUPPORTING STATEMENT BY SOT

If you require more space you may continue on another page.

SOT's Name: Signature: Day Month Year

Assessor Request Form (Notes)

Exceptions to the regulations	Applications received will be considered by the DPA Assessor on a case-by-case basis, having regard to the particular circumstances of each case. Any such decision, approval, consent or exercise of discretion will not be binding on any other or future decisions or set any precedent for other or future decisions regarding regulation 37.
Deferment of training period requirements	In exceptional circumstances where you cannot complete all the training period requirements due to exposure of experiences, please complete this form with explanations of why these requirements are unable to be met and a supporting statement from your supervisor of training seeking a deferment for these specific requirements.

Please send your completed form and accompanying documents to the College:

Training Assessment unit
Fax: +61 3 8517 5362
Email: assessor-requests@anzca.edu.au