1. PERSONAL INFORMATION

ANZCA ID: ______________________

Family Name: ___________________ First Name: ___________________

2. CONTACT DETAILS

Hospital: | Country | Local | Mobile: | Country | Local |

Email: __________________________

3. PROJECT INFORMATION

Project title: __________________________________________

Project type: __________________________________________

Co-authors (see notes): __________________________________

Publication intended: Yes  No  Journal: ____________________

Oral presentation intended: Yes  No  Meeting: ______________

4. PROJECT DETAILS

Please give a brief description of your intended project, in particular how it meets the guidelines as laid out in College Professional Document TE11 Policy on the Formal Project. For case reports please give a brief description of the case and what points you will cover in your discussion.

________________________________________________________________________
________________________________________________________________________
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________________________________________________________________________

17 October 2016
5. FORMAL PROJECT SUPERVISOR INFORMATION

Supervisor’s name:  
Title:  

Email:  
Hospital:

6. DECLARATION

I have read College Professional Document TE11 Policy on the Formal Project and believe my project will comply with the Formal Project requirements.

Trainee’s
Name:  Signature:  Day  Month  Year

When you have completed and signed this form please send it to your Regional Office (See Notes).

Trainees in Hong Kong, Malaysia and Singapore should send this form to the Training Assessment unit at the Melbourne Head Office.
Formal Project Registration Form (Notes)

Instructions for completing the Formal Project Registration Form

3. Project Information


Project Types include:
- Case Report
- Literature Review
- Meta-analysis
- Research Project
- Quality Assurance Project
- Instructional Video
- Other

Co-authors: Please see College Professional Document TE11 Policy on the Formal Project, Subsection 4.2.4. Where the trainee has collaborated with others to complete the Formal Project, a supervisor and/or co-author must submit a signed statement that the trainee conducted a major part of the project or, in the case of a large trial, that the trainee made a significant contribution (see 3.2.4).

5. Formal project Supervisor Information

For trainees participating in a large trial: Section 3.2.4 of TE11 on research projects is relevant:

A research project. This may be a self-contained project conducted mainly by the trainee or be a large trial involving multiple investigators to which the trainee contributes. When the trainee participates in a large trial, a log book of involvement should be presented which has been signed off by the trainee’s supervisor.

For other trainees: It is strongly suggested that all trainees arrange a Supervisor for the duration of their Formal Project. Where practicable Trainees should nominate a consultant in their department to take a Supervisory Role and act as a mentor.

Please send in the completed form to your National/Regional Office

New Zealand
Australian and New Zealand College of Anaesthetists
PO Box 25506
Panama Street
Wellington 6146
New Zealand
training@anzca.org.nz

Australian Capital Territory
6/14 Napier Cl
Deakin ACT 2600
act@anzca.edu.au

New South Wales
117 Alexander Street
Crows Nest NSW 2065
nswcourses@anzca.edu.au

Queensland
West End Corporate Park River Tower
20 Pidgeon Close
West End QLD 4101
qldreception@anzca.edu.au

South Australia & Northern Territory
PO Box 737
North Adelaide SA 5006
sa@anzca.edu.au

Tasmania
147 Davey Street
Hobart TAS 7000
tas@anzca.edu.au

Victoria
ANZCA House
630 St Kilda Road
Melbourne VIC 3004
vic@anzca.edu.au

Western Australia
20/127 Herdsman Parade
Wembley WA 6014
wa@anzca.edu.au

Trainees from Singapore, Malaysia and Hong Kong, please send the completed form to:

Training Assessment unit
PO Box 6095,
Melbourne, Victoria 3004,
Australia
assessor-requests@anzca.edu.au