Training Assessment

Provisional Fellowship Training Application

This application form should be used to apply for prospective approval of a pre-defined study plan of a provisional fellowship position.

Please ensure you have met all the advanced training requirements before submitting the AT CUR on the TPS. The progression date cannot precede PF start date.

1. PERSONAL INFORMATION

ANZCA ID: ____________________________

Family Name: ____________________________ First Name: ____________________________

2. ELIGIBILITY

Have you completed advanced training requirements?  Yes  No

What is the date you completed or expect to complete all AT requirements?

What requirements are outstanding?

Position commencement date: Day ______ Month ______ Year ______  End date: Day ______ Month ______ Year ______

Placement should start on a Monday.

Full/part-time:

If part-time, please indicate FTE between 0.5 and 1.0.

If part-time, please complete a part-time training application and submit it along with your provisional fellowship application.

3. PROPOSED TRAINING SITE DETAILS AND REQUIRED DOCUMENTATION

Name of training site and rotation:

What position are you applying for?

Please attach a copy of your letter of offer.

4. NARRATIVE QUESTIONS

A. How is this job different from your previous training experience?

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
B. How do you see this position helping you to transition to independent practice?


C. Provide details of how you will spend at least 10 per cent of your provisional fellowship time undertaking clinical support activities. Activities may include administration, research, audit, teaching or other clinical quality assurance activities.


You must record your clinical support activities throughout PFT in the TPS:

![Clinical Support Activities Tracking Form]

Trainee's Name: _______________ Signature: _______________ Date: ____________

Send the completed form to the College:
Email: assessor-requests@anzca.edu.au
Fax: +61 3 8517 5362