

Scholar role activity completion

SRA

1. TRAINEE DETAILS

ANZCA ID:

Family Name:

First Name:

Email:

Region:

Please attach one of the following:

1. The satisfactory completion of the activity and written confirmation from your supervisor of your adequate involvement
2. Evidence of the completed activity: e.g. acceptance by peer-reviewed journal of a paper reporting the research.

Trainee's signature:

Date: Day Month Year

2. SUPERVISOR'S STATEMENT

I confirm that the above trainee has had adequate involvement in most phases of the specified research project entitled:

Supervisor's signature:

Date: Day Month Year

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

Records Management Unit

ANZCA

630 St Kilda Road

Melbourne VIC 3004

Email: training@anzca.edu.au

Fax +61 3 8517 5362

FOR OFFICE USE ONLY

Date received

Date reviewed

Evidence of completion attached Y/N