1. NOMINATING SUPERVISOR INFORMATION

ANZCA ID: ____________________________

Family Name: ____________________________  First Name: ____________________________

Training site: ____________________________  Country: ____________________________

Email: __________________________________

2. SPECIALISED STUDY UNIT SUPERVISORS

You may nominate as many specialised study unit supervisors as you wish. If you would like to nominate more than four, please provide details on a separate page.

a. Title: ____________________________  Family Name: ____________________________

First Name: ____________________________  Middle Name: ____________________________

Email: __________________________________  Phone: ____________________________

SSU: __________________________________

b. Title: ____________________________  Family Name: ____________________________

First Name: ____________________________  Middle Name: ____________________________

Email: __________________________________  Phone: ____________________________

SSU: __________________________________

c. Title: ____________________________  Family Name: ____________________________

First Name: ____________________________  Middle Name: ____________________________

Email: __________________________________  Phone: ____________________________

SSU: __________________________________

d. Title: ____________________________  Family Name: ____________________________

First Name: ____________________________  Middle Name: ____________________________

Email: __________________________________  Phone: ____________________________

SSU: __________________________________

Please send the completed form to the College:
Fax: +61 3 8517 5362
Email: training@anzca.edu.au

Records Management
Specialised Study Unit Supervisor Nomination

SSU

Please send the completed form to the College:
Fax: +61 3 8517 5362
Email: training@anzca.edu.au