

## Application Form

### (Re)Accreditation as a training site for ANZCA vocational training

Hospital Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name of person completing application: \_\_\_\_\_

Role at proposed training site: \_\_\_\_\_

Date: \_\_\_\_\_

1. This is an application for (please circle):

<b>Reaccreditation</b>	Yes / No
Current accreditation duration (please circle)	6 month / 1 year / 2 year / 3 year / PF only
<b>An increase in duration of accreditation</b>	Yes / No
Accreditation duration sought (please circle)	6 month / 1 year / 2 year / 3 year / PF only
<b>New stand-alone accreditation</b>	Yes / No
Accreditation duration sought (please circle)	6 month / 1 year / 2 year / 3 year / PF only
<b>Satellite accreditation (also complete Q4 below)</b>	Yes / No

2. Please list any satellite hospital of your hospital (or other institution):

\_\_\_\_\_

\_\_\_\_\_



3. Please provide a brief overview of the particular types of experience that your hospital (or other institution) has to offer for ANZCA vocational training:

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4. Details of satellite accreditation

Applicable / Not applicable (please circle)

Name of parent hospital: \_\_\_\_\_

Contact person at the parent hospital: \_\_\_\_\_

Role of contact person: \_\_\_\_\_

Contact details: \_\_\_\_\_

Distance of parent hospital from the satellite: \_\_\_\_\_

How will the trainees be rotated between the two hospitals? (e.g. one day per week, block rotations of x weeks etc):

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How will in-training assessment (ITA), educational programs and other education support (e.g. Supervisor of Training) be provided?

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Please forward this application to the Training Accreditation team: [tac@anzca.edu.au](mailto:tac@anzca.edu.au), or phone +61 3 9510 6299. Your application will be considered at the next meeting of the Training Accreditation Committee (TAC). At which time further information may be required or a review will be recommended.

In either case you will be informed by mail of the outcome pertaining to your application. If a review is recommended the Administrative Officer will be in contact in due course to organise the review.

The review will be conducted by Council representatives and one or two local Regional/National Committee representatives at a date and time that is suitable for both inspectors and hospital. A visitor's report is completed at the conclusion of the inspection and is tabled at the next TAC meeting. The outcome is then communicated to the Director of Medical Services at the hospital by mail.

If there are any recommendation that must be addressed prior to accreditation being confirmed, these recommendations will be communicated by mail. A date will be given for submission of a letter to TAC detailing measures taken to meet the recommendations.

Once all recommendations have been met, a final letter will be sent to the Hospital and a Certificate of Approval will be issued.

For further information: [www.anzca.edu.au](http://www.anzca.edu.au)