



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Training Assessment

Training Approval Request

TAR

This form should be used to request prospective approval of either of the following:

- Overseas training (Reg 37.5.5.10).
- Training in an anaesthesia-related specialty outside clinical anaesthesia (Reg 37.5.5.3.9).
- Training in a site that has not been approved by ANZCA.

Overseas supervisors should refer to the [2013 training program page](#) for further information.

TO BE COMPLETED BY TRAINEE

1. PERSONAL INFORMATION

ANZCA ID: | | | | | | | |

Family Name: _____

First Name: _____

2. PROPOSED TRAINING SITE DETAILS AND REQUIRED DOCUMENTATION

Name of Training Site: _____

Suburb/City: _____

State: _____

Postcode: _____

Country: _____

Is the department currently approved for training? Yes No

Name of the specialist medical college or training body: _____

Specialty (anaesthesia, intensive care, etc.): _____

Appointment Start Date: | Day | Month | Year | | | | |

Placement should start on a Monday.

End Date: | Day | Month | Year | | | | |

Placement should end on a Sunday.

Full/part-time: _____

If part-time, please indicate FTE between 0.5 and 1.

Please attach relevant supporting documentation with your application (see notes).

3. ANZCA SUPERVISOR NOMINATION

The nominated ANZCA SOT should be familiar with the trainee, the requirements of the training program and be available to provide support and advice to the trainee and to the supervising consultant during this term. This SOT must have access to the TPS and will be required to validate any clinical placement reviews, and specialised study unit reviews, and, if necessary, perform the core unit review.

ANZCA ID: | | | | | | | |

Name of SOT: _____

Training site: _____

Email: _____

4. ANZCA SUPERVISOR DECLARATION

The ANZCA Supervisor will need to confirm his or her willingness to participate in the completion of any assessments that may be required during this appointment. For a complete summary of requirements, click [here](#).

I am familiar with the trainee, the requirements of the ANZCA training program and I will be available to provide support and advice during this term.

Supervisor's
Signature: _____ Day | Month | Year

Trainee's
Signature: _____ Day | Month | Year

TO BE COMPLETED BY THE SUPERVISOR OF THE DEPARTMENT IN WHICH THE TRAINING WILL BE UNDERTAKEN

5. DEPARTMENT PROFILE

A. Duties of the trainee			(When applicable, please circle Yes or No)	
1.	Clinical : How many hours per week will the trainee be rostered for:	Elective clinical duties:	hrs.	
		Emergency / acute clinical duties:	hrs.	
		Clinical support duties:	hrs.	
		Hours on call:	hrs.	
2.	Teaching: Will he/she be involved in teaching?	Medical students:	Yes	No
		Nurses:	Yes	No
		Medical college trainees:	Yes	No
3.	Research: Can regular participation in research within the department be assured?	Yes	No	
4.	Supervision:	Can regular participation in both in-training and workplace-based assessments be assured?	Yes	No
		Will the trainee be able to be supervised in accordance with College policy?	Yes	No
5.	Part-time training: (if full-time, skip to section B)	Will participation in both elective and emergency/acute duties be assigned on a full-time equivalent (FTE) proportional basis?	Yes	No
		Will trainee participate in the local/regional teaching programs on at least a FTE-proportional basis?	Yes	No
B. Special features of the department that might be especially valuable for a trainee:				

ANZCA ID: | | | | | | | | | |

6. SUPERVISOR DETAILS

Family name: _____ First name: _____

Degree/qualification: _____

Primary email: _____

Secondary email: _____

Mobile Phone: | Country | Local | Other Phone: | Country | Area | Local |

7. WORKPLACE-BASED ASSESSORS

You may nominate as many workplace-based assessors as you wish. If you would like to nominate more than five, please provide details on a separate page.

a. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

b. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

c. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

d. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

e. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

8. SUPERVISOR DECLARATION

To be completed by the supervisor of the department in which the training will be undertaken.

I agree to fully participate in all aspects of the ANZCA vocational training program and will ensure that all required assessments will be undertaken. I will also provide ANZCA with all required training information, e.g., workplace-based assessments, specialised study unit reviews, etc.

Supervisor's Signature: _____ Day | Month | Year |

Training Approval Request (Notes)

Instructions for completing the Training Approval Request (TAR) form

2. Proposed training site details

Accrediting body: The name of the specialist medical college or training body accrediting the proposed training site (if applicable).

Specialty: Indicate whether you will be training in anaesthesia or undertaking other clinical training (OCT), e.g., intensive care, paediatric intensive care, neonatal intensive care, pain medicine, clinical medicine, general medicine, emergency medicine, retrieval medicine, internal medicine, or diving and hyperbaric medicine.

Please note: A maximum of 52 weeks can be spent in overseas training in each of the training periods BT, AT and PFT. If your overseas appointment spans two or more training periods, it will need to comply with maximums for each training period. You should also be aware that a maximum of 38 weeks may be spent in OCT during IT+BT+AT. Any additional OCT may be undertaken in lieu of normal leave.

Appointment dates: Placements should start on a Monday and end on a Sunday as this is how it will need to be recorded in the TPS. If you begin on a Tuesday or a Wednesday, please enter the Monday before. If you begin on a Thursday or a Friday, enter the Monday after.

Part-time training: If you are applying for part-time training, you will need to include in your supporting letter, details of your proposed participation in both elective and emergency/acute duties on an FTE proportional basis.

Supporting documentation

Please attach the following to your application:

Letter of appointment: Must be on the hospital's letterhead and indicate the following – title, type of experience, full-time or part-time, and start and end dates of the appointment (note minimum time period of 13 weeks FTE). It should be signed by your proposed supervisor or the head of the department. If it does not include a description of your proposed position, you should also attach a position description.

3. ANZCA Supervisor nomination

Nomination of an ANZCA Supervisor of training (SOT) will validate all assessments including CPR, SSUR and allow completion of relevant core unit reviews or provisional fellowship reviews via the Training Portfolio System (TPS).

The nominated supervisor may be any ANZCA SOT who is familiar with the trainee and consents to provide support and advice during the approved training period.

At the time of the required assessment, you will first need to contact the nominated SOT, and then contact the College. Access to complete the assessment will be given to the SOT for a week. If he/she requires more time, please include an estimated timeframe in your email to the College.

5. Department profile

Special features of the department: Provide a general profile of the department, for example, the approximate number of cases in the theatre case load, whether there is an intensive care unit or pain management service, whether there is a simulation-based teaching facility, whether there is a hyperbaric unit, whether involvement in clinical retrieval services will be expected to or able to be undertaken, approximately how many research projects are underway at present, the number of deliveries per year.

6. Supervisor details

In order to fully participate in the components of the ANZCA vocational training program, the overseas or OCT supervisor will need to provide identification details.

7. Workplace-based assessors' details

Workplace-based assessors (WBAs) perform the numerous workplace-based assessments required as part of the ANZCA vocational training program. You, and the assessors you nominate, will be given access to the WBA module of the TPS.

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

Training Assessment
Fax: +61 3 8517 5362
Email: training@anzca.edu.au