



ANZCA

AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

## Records Management

# Workplace Based Assessor Nomination

WBA

### 1. NOMINATING SUPERVISOR INFORMATION

ANZCA ID: | | | | | | | |

Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Training site: \_\_\_\_\_ Country: \_\_\_\_\_

Email: \_\_\_\_\_

### 2. 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 |

Please send the completed form to the College:

Fax: +61 3 8517 5362

Email: [training@anzca.edu.au](mailto:training@anzca.edu.au)