



ANZCA

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

Training

Approved Vocational Training Form

AVT

1. PERSONAL INFORMATION

ANZCA ID: [] [] [] [] [] [] [] [] [] []

Family Name:

Date of Birth:

Day

Month

Year

First Name:

Middle Name:

Preferred Name (if different from First Name):

2. APPROVED TRAINING

Please tick the box that describes the Training Year you have just completed.

Basic Training

BTY1

BTY2

Advanced Training

ATY1

ATY2

ATY3

Provisional Fellowship Program

PFP

3. TRAINING DETAILS

If you have trained at more than three hospitals in the Hospital Employment Year, please use a second form and tick here:

Hospital 1

Hospital 2

Hospital 3

Hospital:

Start Date: (DD/MM/YY)

End Date: (DD/MM/YY)

Full Time Part Time*:

Please indicate the type and duration (no of weeks) of experience gained at each hospital (see notes).

TYPE OF EXPERIENCE

Anaesthesia

Intensive Care

Other *

Total No of Weeks:

Leave (wks):

Signature of SOT:

Print Name of SOT:

Signature of Trainee:

Date:

* Prospective approval is required. See Notes page.

ANZCA ID: _____

4. CONTACT DETAILS

Email: _____ Mobile Phone No: _____

5. DECLARATION

I certify that I am free from dependency on recreational and/or non-prescribed drugs, and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform the College if I develop a dependence on recreational and/or non-prescribed drugs, or if I develop an illness that would preclude the safe practice of anaesthesia. I acknowledge that if I develop any dependence on recreational or non-prescribed drugs, or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my training at any time, and prevent my admission to Fellowship of ANZCA.

Signature: _____ Date: _____

Send the completed application to:
Chief Executive Officer
c/o Examinations and Training Unit
ANZCA
PO Box 6095
St Kilda Road Central
VIC 8008 Australia

Approved Vocational Training Form (Notes)

A year of training in Hospitals is deemed to be of 12 months duration and includes leave within the working year.

- A total of 16 weeks leave for all purposes (e.g., annual leave, sick leave, study leave, examination leave, parental leave) may be taken during the 24 months of Basic Training.
- A total of 24 weeks leave may be taken during the 36 months of Advanced Training.

You must forward the completed and signed AVT Form within three (3) months of the completion of the training year. A Trainee who fails, without reasonable excuse, to submit the form on time, is disqualified from Approved Training from the date that the form was due to the date the form was received by the College.

Instructions for Completing the Approved Vocational Training Form (AVT)

1. Personal Information

Family Name: If your Family Name has changed since registration by marriage or deed poll, *and you have not yet notified the College*, you must include a copy of your Marriage Certificate or Change of Name Notice.

First Name: If your first name is hyphenated or two words, e.g., Wu Xiao Ping, Anne-Marie Jones, enter this in the first name box.

Preferred Name: Only complete if the name you prefer to be called by is not your first name. For example, you may go by your middle name, or use an 'English' name. This helps ensure that we get your name correct on correspondence, name tags, and other communications.

2. Approved Training

Tick the box for the training year you have just completed.

3. Training Details

Hospital: Indicate the hospital or hospitals in which you undertook training during the Hospital Employment Year. If you were in more than three hospitals during that year, attach another form and clearly indicate that it is an additional form, e.g., write Form 2 of 2.

Start and End Dates: Please use the DD/MM/YY format.

Full/Part Time: Indicate whether you were full or part time during each hospital rotation. Part-Time Training requires Prospective Approval.

No of Weeks: Indicate the number of weeks you were in training at each hospital. This should equal your End Date minus your Start Date in weeks. NOTE: The College records full-time equivalent training, so if you were part time at 0.6 FTE for 20 weeks, you would record 12 weeks in this column.

3. Training Details (continued)

Leave: Include leave for all purposes (as elaborated in the box above).

Type of Experience: Trainees must complete a minimum number of months in Anaesthesia and Intensive Care over the course of their training. Time spent in each of these areas need to be specified in this section.

Other: A number of training areas require prospective approval by the College Assessor before being undertaken. These include: Clinical Medicine, Research, Emergency Medicine. Please indicate the number of weeks spent in any of these areas in this section.

Signature of SOT: Each hospital rotation must be signed by the appropriate Supervisor of Training.

Signature of Trainee: Be sure to sign the completed document before forwarding it to the College.

5. Declaration

You are required to sign the declaration stating that you are free from drug dependency and have no illness that precludes you from the safe practice of anaesthesia.

Send the completed AVT to:

**Chief Executive Officer
c/o Training & Assessments Unit
ANZCA
PO Box 6095
St Kilda Road Central
VIC 8008 Australia**