

**APPLICATION FOR
RETROSPECTIVE ACCREDITATION OF UK
ANAESTHESIA SHO TIME**

(See Regulation 15.11.3 (2007))

*This form is to be completed by the Trainee
(please fill out one form per hospital)*

NAME OF TRAINEE:	
ANZCA Trainee Number:	

**I would like to apply for retrospective accreditation of the following Anaesthesia
Senior House Officer experience in the United Kingdom:**

Hospital	Grade (SHO, SpR)	Start date	Finish date	Time (in months)	Type of experience AN, IC, EM Pain Other (please specify)

Amount of time spent in anaesthesia _____ months

Amount of time spent in intensive care medicine _____ months

**I enclose a letter (on original Hospital letterhead) from the Hospital Head of
Department/College Tutor confirming my previous experience including:**

- | | | |
|---|-----|----|
| 1. Dates of appointment (must be at least 3 months) | YES | NO |
| 2. Type of experience (anaesthesia/intensive care etc, and dates of each) | YES | NO |
| 3. Amount of leave taken during each appointment | YES | NO |
| 4. Accreditation by the relevant training body (e.g. RCA) | YES | NO |

**In Australia/New Zealand/Singapore/Malaysia/Hong Kong I have completed/am completing
the following appointments:
(PLEASE INCLUDE ALL APPOINTMENTS UP TO THE END OF THE CURRENT YEAR)**

Hospital	Grade (BTY1 etc)	Start date	Finish date	Time (in months)	Type of experience AN, IC, EM, Pain Other (please specify)

Trainee Signature: _____	Date: _____
--------------------------	-------------

Please address correspondence to:

DPA Assessor
 Training & Assessments
Australian and New Zealand College of Anaesthetists (ANZCA)
 PO Box 6095
 ST KILDA ROAD CENTRAL VIC 8008
 AUSTRALIA