

APPLICATION FOR  
**PART-TIME TRAINING**

(See Regulation 15.9 (2007))

*PLEASE NOTE THAT PROSPECTIVE APPROVAL MUST BE SOUGHT*

This section is to be completed by the **TRAINEE**

NAME OF TRAINEE: _____
TRAINEE ID: _____
CURRENT TRAINING HOSPITAL: _____
DATES OF APPOINTMENT: _____
TYPE OF TRAINING EXPERIENCE (Anaesthesia, Intensive Care etc): _____
<b>N.B. Applications will not be considered until information is up to date. Please send any outstanding documentation with this form. Trainee Profiles can be viewed on My ANZCA.</b>

This section is to be completed by the **Director/SOT** of the Hospital where part-time training is proposed

<b>PART-TIME TRAINING ARRANGEMENTS</b>	
NAME OF HOSPITAL: _____	
Date Trainee commences part-time appointment: _____	
Date Trainee terminates part-time appointment: _____	
1. What proportion of a full-time trainee's hours will this trainee be working? <i>NB Duties must comprise a minimum of 50% of the commitment of a full-time trainee (i.e. 0.5 FTE)</i>	_____ FTE
2. Please confirm that the following minimum requirements of part-time training will be met:	
a. The trainee will be committed to both in-hours and after-hours work on a pro rata basis	YES                  NO
b. The trainee will be involved in regional and/or hospital teaching programs	YES                  NO

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<i>Name Director (or equiv.)/SOT (Please Print)</i>	<i>Approval Signature Dir./SOT</i>	<i>Date</i>

<i>Additional comments regarding Part-Time Training Arrangement</i>

**Please address correspondence to:**

DPA Assessor  
Training & Assessments  
**Australian and New Zealand College of Anaesthetists (ANZCA)**  
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