

Provisional fellowship training

Training site re-approval of predefined study plans

This application form should be used by ANZCA accredited training sites to apply for re-approval of predefined provisional fellowship study plans. It should be signed by the supervisor of the provisional fellowship position.

Training site details			
Name of hospital or training site:			
Name of director or contact person:			
Email:			
Phone:			
Name of PF Supervisor of Training:			
Email:			
Phone:			
Application information Please provide below the details of the predefined study plans which w	ere approved a	your training s	site:
Predefined position title	Position ID	# of position	IS
Has there been any significant change in any of these positions (A 'significant change' means a change in full-time or part-time status, clinical strostering or similar.)	• •		s
· ·	•	Yes	No
, ,	nplete a new training or the relevant posit		
Are any of these pre-approved study plans no longer required?	`	⁄es	No
If yes, please list Position IDs:			



Session planner

Please complete the below session planner for each position or attach a copy of the weekly session planner. This should not be a department roster. Please identify which lists are closely supervised and which require independence of practice.

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM					
	РМ					
Week 2	AM					
Wee	PM					
Week 3	AM					
	PM					
Week 4	AM					
	РМ					

What is the after-hours component of this position? How will this impact on the experiences outlined in the session planner?							



Supervisor declaration Supervisor's name: I solemnly declare that the statements made in this application are true and accurate. Signature: Date: Send your completed form and accompanying documents to the college: ANZCA Training Email: training@anzca.edu.au For further information, please email or contact us at +61 3 9510 6299