

Procedures Endorsement Program

## Supervised Clinical Experience Pathway Application Form

### About this form

This form needs to be completed and submitted to the faculty by the prospective endorsee after securing a position with the accredited procedural supervisor and prior to commencing clinical experience. **Access to the ePortfolio will be given to complete registration once this form has been provided to the faculty.**

### Personal Details

College ID: 

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

Surname: \_\_\_\_\_

### Preferred contact details

Contact number: \_\_\_\_\_

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

### Supervision details

Accredited procedural supervisor: \_\_\_\_\_

Co-supervisors: \_\_\_\_\_

Main unit of training: \_\_\_\_\_

### Placement dates

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

During this placement I will be gaining experience on a  full time /  part time basis.

If part time, my FTE will be \_\_\_\_\_ (min 0.5FTE)

## Payment

For each period of clinical experience of up to 12 months FTE a non-refundable registration fee is payable. The fee covers costs associated with delivery of the program.

2024 PEP Supervised Clinical Experience Pathway Fees	
Application fee	\$A 620 (inc. GST)
Annual program fee	\$A 1855 (inc. GST)

### Payment methods:

**Cheque.** Bank draft or money order attached (*payable to ANZCA and crossed 'not negotiable'*)

**Credit card**

Visa

MasterCard

Amount \_\_\_\_\_

Credit card number \_\_\_\_\_

Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Cardholder's signature \_\_\_\_\_