

**Training site details** 

## Provisional fellowship training site Re-approval of predefined study plans

This application form should be used by the training sites wishing to apply for re-approval of predefined study plans.

Name of hospital or training site		
Name of director or contact person	· · · · · · · · · · · · · · · · · · ·	
Email		
Mobile		
Characteristics of position  Please provide below the details of the predefined study plans whi	ich were approved	at your training
Predefined position title	Position ID	# of positions
Has there been any significant change in any of the positions with approval? (Please note: "A significant change" means a change in full time or particular and so on)  No  Yes (If yes, please complete a new Are any of these pre-approved study plans no longer required?	art time status, clinical si	upport time, workload
If yes, please list position IDs:		



## **Session planner**

For each position which has not had a significant change, please complete the below session planner or attach a current session planner for each position. This should not be a department roster.

		Monday	Tuesday	Wednesday	Thursday	Friday		
9k 1	AM							
Week 1	PM							
.k 2	AM							
Week 2	РМ							
Supervisor's name								
Signature			Date					

Send your completed form and accompanying documents to the college:

**ANZCA Training** 

Email: training@anzca.edu.au

For any queries, please email or contact us at +61 3 9510 6299.