



Provisional fellowship training Individualised positions in an ANZCA accredited site application

This application form should be used by trainees to apply for a provisional fellowship study plan in an ANZCA accredited site not predefined.

Personal details

College ID

First name _____

Surname _____

Eligibility

Have you completed the advanced training (AT) requirements? Yes No

What is the date you completed or expect to complete AT? _____

Training site details

Name of hospital or training site _____

State _____

Country _____

Specialty (for example anaesthesia, intensive care) _____

Training Start date _____ End date _____

Full / Part time (If part time please complete a part-time training application) _____ FTE

Name of director or contact person _____

Email _____

Mobile _____

How is this job different from your previous training experience?

How do you see this position helping you to transition to independent practice?

Provide details of how you will spend at least 10 per cent of your provisional fellowship time completing clinical support activities. Activities may include: administration, research, audit, teaching and other clinical quality assurance activities.

Please note, clinical support activities should be recorded under time in TPS.

Declaration of trainee

I solemnly declare that the statements made in this application are true and accurate.

Signature _____ Date _____

To be completed with the supervisor of the position

Characteristics of position

Will the trainee have opportunities to spend at least 10% of their time performing clinical support activities in any or all of the following areas?

<i>Research activity</i>	Yes	No
<i>Audit activity</i>	Yes	No
<i>Teaching activity</i>	Yes	No
<i>Administration</i>	Yes	No
<i>Other</i>	Yes	No

Will the position be at least 20% clinical time? Yes No

Will clinical time be in clinical anaesthesia? Yes No

If no, please provide details of other clinical time _____

What is the availability of the following sub-specialities at this hospital?

(Please provide list/session numbers per week.)

Acute pain # _____
Cardiothoracic # _____
Neurosurgery # _____
Obstetrics # _____
Paediatrics # _____
Perioperative medicine # _____
Regional # _____
Retrieval # _____
Trauma # _____
Other (please specify) _____ # _____

What is the approximate case load of the hospital or unit? # _____
 (Number of theatre cases, deliveries, clinic attendances, etc.)

Will the PF trainee manage lists independently with support available? Yes No

If yes, how many lists per week will the PF trainee manage independently with support available? _____

How many junior trainees will the PF trainee be required to supervise at any time? _____

Please outline levels of supervision available in and out of hours:

How will workplace based assessments be managed? (The minimum requirements are two CbDs and one MSF)

How will this position assist in the transition from the provisional fellowship training to independent practice?

Other comments relevant to this post:

Session planner

Please complete the below session planner or attach a copy of the weekly session planner. This should not be a department roster

		Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	AM					
	PM					
Week 2	AM					
	PM					

Supporting documents

Please attach the following supporting documents:

- Copy of your position description
- Copy of employment contract

Supervisor Details

College ID

Surname

First name

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.