

## Part-time training application form

This form should be completed by RGA who wish to complete part-time training. Applications for part-time training must be submitted prospectively. For further information please see section 3.1.1 of the [Rural Generalist Anaesthesia Handbook for Training](#).

### Personal details

College ID

First name \_\_\_\_\_

Surname \_\_\_\_\_

### Proposed part-time training details

Start date \_\_\_\_\_ End date \_\_\_\_\_

Placement details should start on a Monday and end on a Sunday.

*Please attach a copy of your employment contract and other relevant documentation as supporting evidence with your application*

### Part-time arrangements

#### Part-time training arrangements

What proportion of a full-time trainee's hours will you be working?

Note: This must be at least 0.5 full-time equivalent (FTE) of the commitment of a full-time trainee in the same department.

\_\_\_\_\_ FTE

Reason for request and additional comments regarding part-time arrangements

### Declaration of trainee

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

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Confirmation by Supervisor

Do you support this request?

Yes

No

Additional comments

Supervisor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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Please send your completed form to:

RGA Training  
Email: [drqa@anzca.edu.au](mailto:drqa@anzca.edu.au)

For further information, please email or contact us at +61 3 9510 6299.