

Scholar role activities – Exemption Critical appraisal of a topic

This application form should be used by the trainee wishing to apply for an exemption or recognition of prior learning towards the critical appraisal of a topic activity

Pers	onal details
Colleg	e ID
First n	ame
Surnaı	me
Appli	ication details
Date o	of application
Applica	ation type (please select one):
	Prospective approval for an activity commenced in anaesthesia training
	Recognition of prior learning leading to exemption
	Date of completion of activity
Activ	rity for completion or completed
Please	e select one of the following
	Postgraduate certificate or equivalent in research
	Course Title:
	Recognised university / institute:
	Qualification:
	Supporting evidence required:
	Evidence of time commitment: (one of the following: 6 months full time OR 1 year part time OR minimum of 200 hours OR minimum of 24 credit points)
	Evidence of Australian or New Zealand Qualifications Framework: (Level 8 or above)
	Evidence of assessment requirements: (assessment requirements or transcript of qualification)
	Evidence of research methodology subject(s): (at least ONE subject [notionally 100 hours minimum] devoted to research methodology)



	Systematic review to a publishable standard Systematic review title: Contributors: (trainee must be the major contributor) Supervising DSRT			
	Name	of peer-reviewed journal that systematic review will be submitted		
	Suppo	rting evidence		
		Notice of acceptance by journal with trainee name as main author or attach critical appraisal of a topic evaluation form completed by departmental scholar role tutor		
	Significant contribution to research project leading to publication in peer-reviewed journal			
	Resea	rch project title:		
	Supervising DSRT			
	Supporting evidence			
		Involvement and contribution to literature review: (letter from principal investigator detailing trainee has been involved in most phases of the research project and performed and contributed to the majority of the literature review)		
		Evidence of assessment: (attach notice of acceptance by journal or copy of the peer-reviewed journal with trainee named as co-investigator)		
Decla	ration	of trainee		
I solem	inly decl	are that the statements made in this application are true and accurate.		
Signatu	ıre	Date		
Please s	end your o	completed form to the college:		
ANZCA Email: tra		nzca.edu.au		
For furth	er informa	tion, please email or contact us at +61 3 9510 6299.		