



Part-time training application form

This form should be completed by ANZCA trainees who wish to complete part-time training. Applications for part-time training must be submitted prospectively. For further information please see section 3.1 of the ANZCA Handbook for Training.

Personal details

College ID

First name

Surname

Proposed training details

Training site

Speciality (e.g., anaesthesia, intensive care)

Start date End date

Placement details should start on a Monday and end on a Sunday. Please attach relevant supporting documentation 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

The part-time training fraction should be calculated using the average of both in and out of hours work to be undertaken by the trainee.

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 SOT

Part-time training arrangements

Will participation in both elective and emergency/acute duties be assigned on a fulltime equivalent (FTE) proportional basis? Yes No

Will the trainee participate in the local/regional teaching programs on at least a FTE proportional basis? Yes No

Additional comments

To my knowledge the details the trainee has provided in this form are true and accurate.

Supervisor _____

Signature _____ Date _____

Please send your completed form and accompanying documents to:

ANZCA Training
Email: assessor-requests@anzca.edu.au

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