



Provisional fellowship training

Training site predefined study plan application

This application form should be used by ANZCA accredited training sites to apply for prospective approval of a predefined provisional fellowship study plan. It should be signed by the supervisor of the provisional fellowship position.

Training site details

Name of hospital or training site _____

Rotation _____

State _____

Country _____

Name of director or contact person _____

Email _____

Phone _____

Is the training site approved accredited by ANZCA for training? Yes No

Characteristics of position

Please note: you will need to attach a position description of the provisional fellowship position. Each type of position will need to be applied for separately

Has this position been approved previously? Yes No

If yes, what is the position approval number (if known)? _____

Has this position changed since being approved? Yes No

If so, how? _____

What is the maximum number of PFs that will be employed under the plan? _____

What is the name of the position/plan (same as the name on job description)?

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

Will the PF 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.)

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

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

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

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 attached a copy of position description

Supervisor declaration

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

Name _____

Signature _____ Date _____

Send your completed form and accompanying documents to the college:

ANZCA Training
Email: training@anzca.edu.au

For any queries, please contact us by email or phone +61 3 9510 6299