



FRANZCOG Training Supervisor Resignation form

I, _____ hereby notify the relevant
Regional/New Zealand Training Accreditation Committee and the College that I wish to resign my position
as Training Supervisor at the following hospital:

I will cease to supervise Core/Advanced trainees as of:

____/____/____

Successor:

In consultation with other Fellows and the relevant Head of Department/ITP Co-ordinator/other Fellows in
the department, it has been agreed that I will be succeeded as Core/Advanced Training Supervisor by:

Effective from:

____/____/____

**Please fax/email the completed form to your Regional/NZ TA Committee for consideration and
ratification via the relevant RANZCOG Regional Office.**

New South Wales/ACT

Ph: +61 2 9426 4166
Fax: +61 2 9436 4166
email: nsw@ranzocg.edu.au

Queensland

Ph: +61 7 3252 2373
Fax: +61 7 3257 2370
email: qld.ranzocg.edu.au

South Australia/Northern Territory

Ph: +61 8 8274 3735
Fax: +61 8 8271 5886
email: sa-nt@ranzocg.edu.au

Victoria/Tasmania

Ph: + 61 3 9412 2998
Fax: +61 3 9419 0672
email: vic-tas@ranzocg.edu.au

Western Australia

Ph: +61 8 9322 1051
Fax: +61 8 6263 4432
email: wa@ranzocg.com.au

New Zealand

Ph: +64 4 472 4608
Fax: +64 4 472 4609
email: ranzocg@ranzocg.org.nz

IMPORTANT NOTE: The new Training Supervisor appointment is not official until it is formally approved by
the relevant regional Training Accreditation Committee.