

FRANZCOG TRAINING TRANSFER APPLICATION

FOR PERMISSION TO TRANSFER BETWEEN STATES/REGIONS



Important Note

If you wish to transfer from one state to another, or from Australia to New Zealand (or vice-versa), you **must** use this form. All transfers must be approved by the Chairs of the two relevant Regional/NZ Training Accreditation Committees. Approval by only one Chair is not sufficient. Any transfer not approved by the Chairs using this form will be invalid. Any training undertaken as part of an invalid transfer will **not** be credited.

This form must be used by both Core and Advanced trainees seeking to transfer.

Submission of Form

The completed form must be submitted **at least 8 weeks in advance** to the Executive Officer at the RANZCOG Office in the state/region where you are **currently** training. The Executive Officer will forward it to the relevant TA Committee Chair. Once the TA Chair has indicated their decision, the Executive Officer will forward the form to Training Services, who will send it to the other relevant TA Committee Chair.

Surname: _____ Given Name(s): _____

Current State/Region: _____ Current Year of Training (please tick): 1 2 3 4 5 6

Current Training Site: _____

Current ITP (if applicable): _____

State/Region to which you plan to transfer: _____ Proposed Transfer Date: ____/____/____

Training Site to which you plan to transfer (if known): _____

Reasons for Transfer: _____

Proposed Transfer is (please tick): Permanent Temporary

If temporary, proposed (approx) return date to home state/region: ____/____/____

Trainee signature: _____ Date: ____/____/____

Mobile Tel: _____

APPROVAL BY (please tick) Current ITP Co-ordinator OR Current Training Supervisor

Name: _____ Signature: _____ Date: ____/____/____

(NOTE: Signature of ITP Co-ordinator or Training Supervisor required BEFORE form goes to Regional Office.)

Approval by Chair of the TA Committee in the state/region where trainee is *currently training*

Approval by Chair of the TA Committee in the state/region where trainee wishes to *transfer*

Based on the information provided in this form the proposed transfer is:

APPROVED NOT APPROVED

Name: _____

Title: _____

Signature: _____

Date: ____/____/____

Comments: _____

Based on the information provided in this form the proposed transfer is:

APPROVED NOT APPROVED

Name: _____

Title: _____

Signature: _____

Date: ____/____/____

Comments: _____

Office Use Only - Actual Transfer Date: ____/____/____

New ITP (if applicable) _____

Copies of the completed form will be held at College House and at the relevant Regional Offices.
A copy will also be sent to the trainee, who **must** retain it in their records.