

# ITP TRAINING TRANSFER APPLICATION



## FOR PERMISSION TO TRANSFER TO ANOTHER ITP WITHIN YOUR STATE/REGION

### Important Note

If you wish to transfer from one ITP to another within your current state/region, you **must** use this form. All transfers must be approved by the Co-ordinators of the two relevant ITPs and the relevant Training Accreditation Committee Chair. Approval by only one Co-ordinator is not sufficient. Any transfer not approved by both the Co-ordinators and the TAC Chair will be invalid and will not be credited.

### Submission of Form

The completed form, signed by the trainee and the Co-ordinators of **both** ITPs, must be submitted **at least 8 weeks in advance** to the Executive Officer at the relevant RANZCOG Office. The Executive Officer will forward the form to the relevant Training Accreditation Committee Chair for final approval.

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): \_\_\_\_\_

ITP to which you plan to transfer: \_\_\_\_\_ Proposed Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Hospital to which you plan to transfer: \_\_\_\_\_

Reasons for Transfer: \_\_\_\_\_

Trainee signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mobile Tel: \_\_\_\_\_

### Approval by Co-ordinator of the ITP where trainee is *currently training*

### Approval by Co-ordinator of the ITP to which the 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: \_\_\_\_\_

### TAC CHAIR

TRANSFER APPROVED

TRANSFER NOT APPROVED

Name: \_\_\_\_\_ State/Region: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Office Use Only - Actual Transfer Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Copies of the completed form will be held at College House and at the relevant Regional Office. A copy will also be sent to the trainee, who must retain it in their Training Assessment Record (TAR).