SIMG Prospective Approval Form

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

This application must be received at least 4 weeks prior to your intended commencement of your position under supervision.

For your application to be considered:

- All information requested on this form must be completed
- Payment must be received before a position can be approved
- All supplementary documents as listed below must be included
    - Letter from hospital regarding appointment
    - Copy of the position description
    - Copy of current Medical Board Registration (if applicable)

You will be notified of your official commencement date when the SIMG training has been approved by the Chair of the SIMG Assessment Committee.

1. Personal Details

It is essential that you advise the RANZCOG SIMG team as soon as any of your personal details change.

SURNAME:

GIVEN NAMES:

RANZCOG ID:

DATE OF BIRTH:

RESIDENTIAL ADDRESS

If your residential address will change, please provide your new details below:

Street:

Suburb:

State:

Postcode:

I will be relocating to this new address from:

PHONE CONTACT

HOME:

WORK:

MOBILE:

EMAIL CONTACT

PERSONAL:

WORK:

2. Employment Details

Period of supervised practice required by RANZCOG (months):	
Proposed commencement date of period under supervision:	

This period of supervised practice will be completed at:
** Please note that RANZCOG cannot approve a position that is less than 0.5FTE. Any period of employment undertaken part-time will be counted pro-rata.*

☐ FULL TIME 1.0 FTE

☐ PART TIME* _____ FTE

Name of Supervisor*: ** Must be a Fellow of RANZCOG*	
Hospital:	
Department:	
Street:	
Suburb:	
State:	
Postcode:	

3. SIMG Supervisor Statement

I, _____, am willing to act as the Supervisor for the above named SIMG's period of oversight. I have read the information provided which details the requirements of the nominated period of supervised practice. I understand that as the Supervisor of the SIMG completing a period of prospectively approved supervised practice I must:

- Assess whether the SIMG possesses the broad competencies expected of an Australian and New Zealand-trained subspecialist as directed by their SIMG assessment outcome.
- Complete a compulsory three-monthly appraisal for the SIMG every three months and meet with them to discuss and sign each report

SIMG Supervisor's Signature _____ **Date** _____

4. Declaration and Signature

I am applying for my SIMG period of supervised practice to be undertaken at the above-named hospital. I have completed all sections of this form and have provided all supplementary documentation as detailed on page 1 of this application.

Signature _____ Date _____

5. RANZCOG Privacy Policy

The College is committed to ensuring the privacy of individuals in accordance with applicable privacy principles in Australia and New Zealand. The College's Privacy Policy provides details regarding the information-handling practices and gives guidelines for access to any information retained by the College. The College may at times need to disclose information to third parties when entering into transactions for the purpose of College business. For more information please refer to the RANZCOG Privacy Policy on our website http://www.ranzcog.edu.au/privacy-policy.html.

6. RANZCOG SIMG Subspecialty Substantially Comparable fee

Please indicate your preferred method of payment below:

☐ Invoice: The College will raise an invoice for payment when the application has been approved. Payment of this invoice must be made prior to the commencement of training

☐ Credit Card: Please complete your credit card details in the box below. Payment will not be deducted until your application has been approved.

Card Type: ☐ VISA ☐ MASTERCARD

Name on card: _____

Expiry Date: _____

Card Number: _____ _____ _____ _____

Amount Paid: $ $415.00

Signature: _____

THIS DOCUMENT BECOMES A TAX INVOICE FOR GST PURPOSES. ABN 34 100 268 969

SIMG Substantially Comparable Position (With Oversight) Application Approval

The Royal Australian and New Zealand College of Obstetricians and Gynaecologists

Excellence in Women's Health

(Office Use Only)

Approval by Chair of Subspecialty

Based on the information provided in this form, the proposed training is:

☐ **APPROVED** ☐ **NOT APPROVED**

Subspecialty Committee Chair _____

Signature _____ **Date** _____

Comments _____

_____

Approval by Chair of SIMG Assessment Committee

Based on the information provided in this form, the proposed training is:

☐ **APPROVED** ☐ **NOT APPROVED**

Chair SIMG Assessment Committee _____

Signature _____ **Date** _____

Comments _____

_____

APPLICATIONS/ENQUIRIES SHOULD BE DIRECTED TO: Coordinator, RANZCOG SIMG Pathway
COLLEGE HOUSE 254-260 Albert Street, East Melbourne, VIC 3002, Australia | ABN 34 100 268 969
TEL: +61 3 9412 2945/+61 3 9412 2970 | FAX: +61 3 9412 2956 | EMAIL: simg@ranzcog.edu.au | WEB: www.ranzcog.com.au