

**SHORT-TERM TRAINING IN A SPECIALIST POSITION (STT)
APPLICATION FORM B
(for the Employee)**



This form must be completed as part of RANZCOG's approval process for STTs. Applications and payment must be received by the College at least 4 weeks prior to the date the approval is required.

Incomplete applications will not be processed until all documentation has been received.

PERSONAL DETAILS

Surname: _____

Given Names: _____

Street: _____

Suburb: _____

State: _____

Postcode: _____

TELEPHONE CONTACT

Home: _____

Work: _____

Mobile: _____

EMAIL CONTACT

Personal: _____

Work: _____

Position applied for: _____

Position Supervisor: _____

Dates of Employment: ____ / ____ / ____ to ____ / ____ / ____

Have you been registered with the medical board in the relevant state?

Yes No Pending

Have you previously held a STT position?

Yes No

If you have previously held a STT position, please complete the following information

Previous STT position _____

Where the position was held _____

Dates of Employment: _____ / _____ / _____ to _____ / _____ / _____

DOCUMENT CHECKLIST

Please ensure the following documents are included in the application as incomplete applications will not be processed.

- Application form AAMC-30 (Application for assessment by a medical college)
- Primary Source Verification completed for primary medical degree and specialist degree if applicable
- Curriculum Vitae (including full details of all training and work experience)
- Certified copy of primary medical degree and specialist degree if applicable
- Certificate of Good Standing from medical council or equivalent in the country of origin, issued within the last six months
- Certified copy of membership certificates of appropriate medical bodies
- Brief summary of your reason for applying for this position. This must include what you hope to achieve through this training opportunity, and a statement of intention to return to your country of origin.

CERTIFICATION OF DOCUMENTATION

Only certified copies of documentation will be accepted where indicated

A Justice of the Peace, a Notary Public or a medical practitioner can certify a photocopy as being a true copy of the original document. A person certifying documents should sight the original document, print their name and address on the photocopy, and stamp, sign and date it.

DECLARATION & SIGNATURE

I, Dr _____ declare that the information provided on, and with this application is true and correct.

Signature _____ Date ____ / ____ / _____

Name (please print): _____