

SIMG Substantially Comparable Position (With Oversight) Application Form



1. Position Details

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 sections 1 – 3 of this form must be completed
- Payment of your Educational Affiliate Fee must be received (see section 3)
- 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.

Applicant's Surname _____

Given names _____

Period of oversight nominated by RANZCOG: _____ months.

Proposed commencement date of period under supervision _____

This period of training will be completed FULL TIME PART TIME _____ hours per week

Name of employing hospital _____ State _____

Name of Supervisor * _____

**Must be a Fellow of RANZCOG*

2. 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 oversight. I understand that as the Supervisor of the SIMG completing a period of prospectively approved oversight I must complete:

- Compulsory three-month (12 week) reports for the SIMG and meet with them to discuss and sign the report.
- A final performance-based multi-source feedback report for the SIMG and meet with them to discuss and sign the report.

Training Supervisor's Signature _____ **Date** _____

Supervisor's contact email _____

Proposed level of Supervision _____

3. RANZCOG Educational Affiliate and Continuing Professional Development

The 2022 fee comprises of three elements:

- Processing fee for Prospective approval for position with oversight
- Application fee to the RANZCOG Continued Professional Development (CPD) Program as an Educational Affiliate, and
- Annual subscription fee for participation in the CPD program

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:	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
Name on card:	_____	
Expiry Date:	____ / ____	
Card Number:	_____	
Amount Paid:	<input type="checkbox"/> 12 months - \$1515.00 AUD	
Signature:	_____	
THIS DOCUMENT BECOMES A TAX INVOICE FOR GST PURPOSES. ABN 34 100 268 969		

**THIS SPACE HAS INTENTIONALLY BEEN LEFT BLANK.
Please continue to page 3 of the application.**

4. Applicant's Personal Details

SURNAME: _____

GIVEN NAMES: _____

DATE OF BIRTH: _____

MALE

FEMALE

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:

WORK ADDRESS

Hospital: _____

Department: _____

Street: _____

Suburb: _____

State: _____

Postcode: _____

TELEPHONE CONTACT

HOME: _____

WORK: _____

MOBILE: _____

EMAIL CONTACT

PERSONAL: _____

WORK: _____

IMPORTANT NOTE

It's essential that you advise the Coordinator, RANZCOG SIMG Pathway as soon as any of your personal details change.

5. Declaration & Signature

I am applying for my substantially comparable position of oversight to be undertaken at the above named training institution. I have completed all sections of this form, and have provided all supplementary documentation as detailed on page 1 of this application.

Signature _____ Date _____

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 which is on our website
<http://www.ranzcog.edu.au/privacy-policy.html>.

SIMG Substantially Comparable Position (With Oversight) Application Approval



(Office Use Only)

Approval by Chair of Regional Training and Accreditation Committee

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

APPROVED **NOT APPROVED**

Chair Regional Training and Accreditation Committee _____

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 _____
