



CWH TRAINING MENTOR APPLICATION FORM
CWH Training Mentors must hold either the DRANZCOG, DRANZCOG Advanced or DipRACOG or be a Fellow of the RANZCOG

Name: _____

Address: _____

Postcode: _____

Telephone: () _____ Fax: () _____

Mobile: () _____ Email: _____

University of Graduation: _____ Year of graduation: _____

Year of birth: _____ Years in practice: _____

Specialist qualifications: _____

Do you have general registration with the Medical Board of Australia? Yes No

Present Practice: Full-time Part-time
Private Salaried

What medical appointments do you hold? (please specify) _____

Name of hospital or other setting where you intend to mentor CWH trainees: _____

Do you serve on any medical or academic committees? (please specify) _____

Do you have any special interests in the community? (please specify) _____

TRAINING EXPERIENCE

Do you have past experience in teaching or supervising: Medical undergraduates Yes No
Post-graduates Yes No
Other health professionals Yes No

If yes, please specify _____

Are you presently engaged in the teaching or supervision of: Medical undergraduates Yes No
Post-graduates Yes No
Other health professionals Yes No

Please provide further details of any previous experience as a teacher/trainer/supervisor:

Do you have teaching experience in other advanced rural skills disciplines? Yes No

If yes, please provide details: _____

ENDORSEMENT OF APPLICATION

IMPORTANT NOTE: The applicant must be endorsed as suitable for the role of CWH Mentor. If CWH training is being undertaken at a hospital, the endorsement should be made by the Head of Obstetrics & Gynaecology (or equivalent). If CWH training is being undertaken in a non-hospital setting, the endorsement should be made by an experienced O&G practitioner in that setting who has worked with the applicant and can vouch for their suitability for the role.

Name of practitioner endorsing application: *(please print)* _____

I endorse the appointment of _____
(name of Training Mentor applicant)
as a CWH Training Mentor. Date: _____

Signature of practitioner endorsing application: _____

Signature of Training Mentor applicant: _____ Date: _____

PLEASE ATTACH A COPY OF YOUR CURRENT CURRICULUM VITAE INCLUDING THREE REFEREE DETAILS

PLEASE RETURN THIS APPLICATION AND CV TO –

**Chair, Conjoint Committee for the Diploma of Obstetrics and Gynaecology, RANZCOG
College House, 254-260 Albert Street, East Melbourne Vic 3002**

Send via email to CWH/Diploma Training, RANZCOG.
Email: dts@ranzcoq.edu.au