



FRANZCOG ITP Coordinator - Resignation Form

I hereby wish to notify the relevant Regional/New Zealand Training Accreditation Committee and the College that I am resigning my position as an ITP Coordinator.

My details:

Name:	Date:	Signature:

Successor details:

Name:	Date:	Signature:

Further information:

Effective date:	Hospital:

Please email the completed form to the relevant RANZCOG Regional Office:

New South Wales/ACT

Ph: +61 2 9426 4166
email: nsw@ranzcog.edu.au

Queensland

Ph: +61 7 3252 2373
email: qld.ranzcog.edu.au

South Australia/Northern Territory

Ph: +61 8 8274 3735
email: sa-nt@ranzcog.edu.au

Victoria/Tasmania

Ph: +61 3 9412 2998
email: vic-tas@ranzcog.edu.au

Western Australia

Ph: +61 89322 1051
email: wa@ranzcog.com.au

New Zealand

Ph: +64 4 472 4608
email: ranzcog@ranzcog.org.nz