

# Training Supervisor Resignation form

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I hereby wish to notify the relevant State/Territory/New Zealand Training Accreditation Committee and the College that I am resigning my position as a FRANZCOG Training Supervisor.

## My details:

Name	
Effective date	Hospital

## Successor details:

In consultation with the relevant Head of Department/ITP Coordinator/other Fellows in the department, it has been agreed that I will be succeeded as Basic/Advanced Training Supervisor by:

Name
Effective from

Please email the completed form to the relevant RANZCOG State, Territory, New Zealand Office:

### **New South Wales/ Australian Capital Territory**

Phone: +61 2 9426 1688

Email: [nswtraining@ranzcog.edu.au](mailto:nswtraining@ranzcog.edu.au)

### **Victoria/ Tasmania**

Phone: +61 3 9114 3925

Email: [vic-tas@ranzcog.edu.au](mailto:vic-tas@ranzcog.edu.au)

### **Queensland**

Phone: +61 7 3252 3073

Email: [gldtraining@ranzcog.edu.au](mailto:gldtraining@ranzcog.edu.au)

### **Western Australia**

Phone: +61 8 9381 4491

Email: [wa@ranzcog.edu.au](mailto:wa@ranzcog.edu.au)

### **South Australia/ Northern Territory**

Phone: +61 8 7200 3437

Email: [sa-nt@ranzcog.edu.au](mailto:sa-nt@ranzcog.edu.au)

### **New Zealand**

Phone: +64 4 472 4608

Email: [nztraining@ranzcog.org.au](mailto:nztraining@ranzcog.org.au)