



Trainee details

Surname		First name(s)	
RANZCOG ID#			

Training Program

Diploma Training Program	<input type="checkbox"/> DRANZCOG	<input type="checkbox"/> DRANZCOG Advanced			
FRANZCOG Training Program	<input type="checkbox"/> Basic	<input type="checkbox"/> Advanced			
Subspecialty Training Program	<input type="checkbox"/> COGU	<input type="checkbox"/> CMFM	<input type="checkbox"/> COGU	<input type="checkbox"/> CU	<input type="checkbox"/> CGO

Training details

Hospital		NZ/AU State	
Training period	From	/ /	To / /
FTE	<input type="checkbox"/> Full-time (1.0)	<input type="checkbox"/> Part-time (0.	FTE)

Training Supervisor details

Surname		First name(s)	
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Leave details (If applicable)

If returning from a period of Extended Leave, please provide detail.

Extended leave period	From	/ /	To / /
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Training Support Plan details

Purpose of plan	<input type="checkbox"/> Return to training support	<input type="checkbox"/> Learning development	
Proposed period for plan	From	/ /	To / /

Support and learning areas

Consider the 'SMART' process when preparing support and learning areas; Specific, Measurable, Achievable, Relevant, Time-framed

Area	Method of support/ addressing learning	Desired Outcome	Proposed timeframe/deadlines

Communication plan

Proposed progress meetings may include face-to-face, phone, video, email, etc.

Meeting mode e.g. face-to-face	Frequency e.g. fortnightly	Time allocation e.g. 30 mins

Restrictions

List any restrictions that could impact achieving the proposed outcomes of this plan e.g. health issues, rostering restrictions, availability of supervision, etc.

Agreement

The *Training Support Plan* has been initiated following appropriate discussion and consultation.

It is understood that if all or part of the specified period occurs over multiple sites/training periods, this plan must be discussed with the new Training Supervisor at the commencement of the rotation.

Trainee

I agree that I am responsible for my own learning needs. I will work within my level of competence and will seek assistance when necessary. I will undertake activities to enable me to overcome any deficiencies in my professional knowledge and or procedural/clinical competencies and skills.

Signature		Date	/	/
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Supervisor

I agree to undertake the supervisory and support role outlined in the plan.

Signature		Date	/	/
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Completion of plan

After appropriate discussion and consultation, we agree that the areas of support and learning in this *Training Support Plan* have been successfully met.

Trainee

Signature		Date	/	/
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Supervisor

Signature		Date	/	/
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Ongoing support

Is an ongoing *Training Support Plan* recommended/desired?

<input type="checkbox"/> No	<input type="checkbox"/> Yes - please provide detail: