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| Subspecialty Training Programs  Registration 2024  Form A  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

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| --- | --- | --- | --- | --- |
| Trainee Details | | ID Number: | | |
| Last Name | | First Name | | |
| Subspecialty Training Program  CGO □ CMFM □ COGU □ CREI □ CU □ | | Date of Birth | | Male □ Female □  Indeterminate/intersex/unspecified □ |
| Work Address | | | | |
| Address |  | | | |
| City/Suburb/Town |  | | | |
| State |  | | Post Code | |
| Mobile |  | | | |

Trainees who have completed all Clinical Training requirements or are approved Extended Leave, need only complete and submit the Subspecialty Training Programs Registration Form A.

For trainees who have completed the Clinical Training requirements, they must remain registered as a trainee, have made payment of their reduced annual training fee and submit the Post-Year 3 Training Progress Report each six months until the satisfactory completion of all assessment required for certification.

For trainees who have approved Extended Leave, must remain registered as a trainee, and have made payment of their annual training fee.

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| All FRANZCOG trainees have been allocated a RANZCOG email address, username and password. All College contact and correspondence will be via this email address only. You must check this email address regularly. All Fellows/Subspecialty trainees will be contacted on the email address provided on their Training Registration Form A.  FRANZCOG trainee □ I have been allocated a RANZCOG training email address and am aware this address will be used by the College  FRANZCOG □ As a FRANZCOG, I wish to be contacted at the email address below.  Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Declaration | |
| I acknowledge that my registration as a trainee is conditional on obtaining prospective approval for the training period, and payment of training fees. Additionally, I am aware that it is my responsibility to contact the College immediately if any of my contact and/or training details change from that previously provided.  Trainee Signature …………………………………………………………………….. Date ………………………………… | |
| 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. For more information, please refer to the [RANZCOG Privacy, Policy and Procedure](https://ranzcog.edu.au/wp-content/uploads/2022/04/RANZCOG-Privacy-Policy-and-Procedure.pdf) |