

Certificate and Procedural Training Mentor and Supervisor Application Form

Applicant information	
Name:	RANZCOG ID:
Address:	
Phone:	Personal Email:
Highest RANZCOG qualification: <input type="checkbox"/> RANZCOG Associate (Procedural) (PTP) ¹ <input type="checkbox"/> RANZCOG Associate (Adv. Procedural) (APTP) ² <input type="checkbox"/> FRANZCOG/SIMG ² <input type="checkbox"/> Subspecialty ² <input type="checkbox"/> DipRACOG ³ + RACGP or ACRRM Membership <small>¹Eligible to supervise CWH + PTP trainees</small> <small>²Eligible to supervise CWH + PTP + APTP trainees</small> <small>³Eligible to supervise CWH trainees ONLY</small>	
<input type="checkbox"/> I hold a current RANZCOG Membership for the above qualification <input type="checkbox"/> I hold a current RACGP or ACRRM Membership <input type="checkbox"/> I DO NOT hold a current Membership for the above qualification <i>if you are ineligible to apply – please contact membership@ranzcoг.edu.au to reinstate your membership</i>	
Level of supervision approval sought (approval will be based on qualification and accreditation of training site): <input type="checkbox"/> CWH <input type="checkbox"/> PTP <input type="checkbox"/> APTP	
Years in O & G practice:	
Present practice: <input type="checkbox"/> Full time <input type="checkbox"/> Part-time <input type="checkbox"/> Private <input type="checkbox"/> Salaried <input type="checkbox"/> VMO only	
What medical appointments do you hold? (please specify): 	
Do you currently serve on any medical or academic committees? (please specify): 	
Name of the clinics and/or hospitals where you are requesting to supervise trainees (please list all, including cluster/satellite sites): 	
<input type="checkbox"/> I am a staff member at this site, treating public patients <input type="checkbox"/> I operate in a private capacity at this site, treating only private patients	
Proposed hours of contact with trainee/s per week <input type="checkbox"/> 1-5 <input type="checkbox"/> 5-10 <input type="checkbox"/> 10-20 <input type="checkbox"/> 20-30 <input type="checkbox"/> 30-40	

I will be:
<input type="checkbox"/> An additional Training Supervisor at these clinics/hospitals
<input type="checkbox"/> Replacing an existing Training Supervisor at this facility. Name of Training Supervisor that I am replacing <i>please specify if known:</i>
<input type="checkbox"/> This Training Supervisor has resigned from the training site
<input type="checkbox"/> This Training Supervisor is resigning from training supervision
<input type="checkbox"/> This Training Supervisor will continue to train at <i>please specify if known:</i>
Training Supervisor provisional start date (when will your trainee commence training?):
Training/Supervision Experience
Do you have experience in mentoring, teaching or training supervision? (advantageous, but not essential): <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical undergraduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Postgraduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other health professionals <input type="checkbox"/> Yes <input type="checkbox"/> No
If other, please specify:
Are you presently engaged in mentoring, teaching or training supervision? (advantageous, but not essential): <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical undergraduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Postgraduate <input type="checkbox"/> Yes <input type="checkbox"/> No
Other health professionals <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have teaching experience in other advanced rural skills disciplines? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently accredited as a supervisor with another medical college? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please specify:
Have you completed the full course of supervisor training with this medical college? <input type="checkbox"/> Yes <input type="checkbox"/> No
Date completed, please specify:
Completion of Clinical Educator Training Program (CET) (compulsory if supervisor training has not been completed with RANZCOG or another medical college)
All prospective Certificate and Procedural Training Mentors and Supervisors must also complete the Clinical Education Training Program (CET Part 1 and CET Part 2) in Acquire before submitting a training supervisor application form (and attending the Training Supervisor online Workshop).
Additional information on the Clinical Education Training (CET) Program
Documentation Checklist and Declaration
<input type="checkbox"/> I have completed the full course of supervisor training with another medical college and evidence of this is attached to my application
<input type="checkbox"/> I have completed CET Part 1 and CET Part 2 (certificates attached), and have referred to Training updates - RANZCOG for upcoming online workshop dates
<input type="checkbox"/> I have attached my current CV
<input type="checkbox"/> I have provided contact details for TWO Referees: Referee #1-

Documentation Checklist and Declaration

Referee #2-

I declare the information contained in this application, including any attachments, is true and correct. I understand that should any information on this form be found to be deliberately misleading my training supervision status may be withdrawn.

Applicant signature:

Date:

Endorsement of Application – to be completed by the Head of O&G (or equivalent) at the designated training site/s

Name:

Position:

Head of O & G⁴ Other⁵ (*please specify*)

⁴ Applicants can not endorse their own applications if they are the Head of O & G

⁵ If training supervision takes place in a non-hospital setting the endorsement can be completed by an experienced O&G Practitioner

I endorse the appointment of the above-mentioned applicant as a Training Mentor/Supervisor.

Signature, Head of O&G (or equivalent)

Date

Submission of Application

Email your completed application and CV to RANZCOG Certificate and Procedural Training Programs cptp@ranzco.edu.au. Your application will be reviewed at the next scheduled Conjoint Committee for Associate Procedural Training (CCAPT) meeting