

# SPECIALIST IMG 2017 Area of Need Application Form



Please refer to the Specialist pathway handbook or it can be located on the Overseas Specialist pages of the RANZCP website for important information.

**Only typed forms will be accepted**

**IMPORTANT: THIS FORM IS FOR NEW AREA OF NEED APPLICATIONS AND AREA OF NEED EXTENSIONS (existing candidates)**

## PARTIALLY COMPARABLE CANDIDATES ARE NOT ELIGIBLE FOR AREA OF NEED POSITIONS

From July 2015 the RANZCP only supports Area of Need/Specialists Positions to psychiatrists who have been assessed as Substantially Comparable. Existing Partially Comparable candidates will therefore not be eligible to apply for a new Area of Need position unless they apply to be re-assessed and are deemed to be Substantially Comparable.

Please refer to the [communiqué](#), **Change in Eligibility of SIMG Psychiatrists to Work in Area of Need/Specialist Positions** on the Changes and News page of the Overseas Specialist section of the RANZCP website for further information.

- **This completed Application Form should be lodged with the administrative fee of AUD\$406.00 and the specified supporting documents to the RANZCP Head Office.**
- **Incorrect or incomplete applications will not be processed and an Incomplete Application Fee of AUD\$203.00 will be applied.** If your application is assessed as incomplete, you will be required to submit the outstanding documentation within six months from the date of initial assessment. If you do not provide the required documentation, your application will lapse and your documentation will be returned to you by using the address as recorded on your RANZCP records. If your application expires you will be required to submit a new application including the application fee and all required documentation.
- **Once your application is considered complete by the Specialist International Medical Graduate Education department, you will receive a separate payment form to make payment of the new Area of Need assessment fee of AUD\$2,302.00 or the Area of Need Extension fee of AUD\$797.00 before your application will be submitted to the relevant State Assessment Panel for assessment.**

## Section 1: Personal Details

Section 1: Personal Details		Office use only	iMIS Number
Given Names		Date of Birth	
Surname		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current Address			
Telephone	(H)	(W)	(Mob)
Email			

**Section 2: Area of Need Details**

<b>Application Type</b>	<input type="checkbox"/> New* <input type="checkbox"/> Extension†
<b>Applicant Arrival Date</b>	
<b>Position Start Date</b>	
<b>Position</b>	<i>Position details can be noted on the next page of this application form</i>
<b>Locations</b>	<i>Space to list locations is available on the next page of this application form</i>
<b>Employing Health Service</b>	
<b>Employer's Address</b>	
<b>Employer Contact Person</b>	
<b>Employer Telephone</b>	
<b>Employer Email</b>	
<b>Employer Facsimile</b>	
<b>Nominated Supervisor</b>	
<b>Recruitment Agent and contact details</b>	

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\* Specialist International Medical Graduates who have not yet undergone RANZCP Specialist Assessment must apply to the Specialist Pathway as well.

† Only current candidates can apply for an Extension to their Area of Need support. Specialist International Medical Graduates who require an Extension to their Area of Need support and have not yet undergone RANZCP Specialist Assessment must apply to the Specialist Pathway as well.

**Details of Area of Need position(s)**

**PRIMARY POSITION**

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**Title of position** .....

**Location:** .....  
Institution/Hospital Name/Street Number and Name

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Suburb/City/Town/State/Postcode

**SECONDARY POSITIONS**

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**Locations:**

Institution/Hospital Name

Address

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**Section 3: Referees**

<p><b>Referees</b></p> <p><b>A minimum of three (3) is required</b></p> <p>Preferably all three referees should be clinical supervisors and specialists in Psychiatry. <b>At least one referee must be a current clinical supervisor who is a specialist in Psychiatry.</b></p> <p>If you are already working in Australia, your referees must be Fellows of the College (FRANZCP) or Training Supervisors who are approved by the College.</p> <p>Referees will receive one reminder only from the College. It is your responsibility to follow up missing referee reports.</p> <p>Your application <b>will not</b> proceed to assessment if any referee reports are missing on the closing date.</p> <p><i>The College may seek additional specified referees or information to clarify issues arising from the references or the assessment.</i></p>	Name:	Qualifications:
	Position:	Address:
	Email:	Dates supervised applicant:
	Name:	Qualifications:
	Position:	Address:
	Email:	Dates supervised applicant:
	Name:	Qualifications:
	Position:	Address:
	Email:	Dates supervised applicant:

**Previous Heads of Department/Clinical Directors for whom you have worked may be contacted as part of this process. If there is any reason why such person may not provide a fair and unbiased assessment of your work, please identify them here:**

## Section 5: Declaration of applicant

**Note:** If your registration has restrictions, conditions and/or limitations, the RANZCP will require full disclosure of the nature of the conditions, and will review the information provided on a case by case basis to determine the applicant's suitability.

*The content of this declaration will be used for the purpose of establishing important issues of suitability and allowing verification where required in relation to entry into the Specialist Pathway. A response to each item must be made.*

### Qualifications

- a) Do you hold the highest Specialist Psychiatry qualification to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist?  Yes  No
- b) Do you hold specialist registration to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist?  Yes  No

### Caveats

**It is important to note that if you mark 'yes' to any of the caveats listed below, you are required to provide an outline of any relevant circumstances or facts by attaching the relevant details.**

- c) Have you, or anyone in your employment, been subject to any investigation or faced any form of disciplinary action by an Authority, in any country?  Yes  No
- d) Has your name been subject to report or removal from any Medical Register in any country because of misconduct in a professional sense, any incapacity or have you ever been refused registration for such reasons?  Yes  No
- e) Has your name been subject to report by a Regulatory Authority (or equivalent body) e.g. Health Care Complaints Commission, in any country, because of an alleged incompetence, incapacity or misconduct?  Yes  No
- f) Do you have any objections to written or telephone reports being obtained from your referees and from relevant Directors of Medical Services/Psychiatrists/Training Co-ordinators, for use by the Committee for Specialist International Medical Graduate Education?  Yes  No
- g) Are you aware of any health conditions which may interfere with your ability to perform the requirements and demands of the RANZCP?  Yes  No
- h) Do you have a health condition that may require your employer to provide you with services or facilities (e.g. adjustments) so that you can successfully carry out the requirements and demands of the Specialist Pathway?  Yes  No

***Any adjustments you may require must be discussed with the relevant workplace.***

## Undertakings

- i) Do you undertake to abide by the rules and requirements of the RANZCP as they apply to IMGs (including remediation requirements) if your application is successful, in particular the RANZCP Code of Ethics?  Yes  No
- j) Will you advise the RANZCP of any changes to your medical registration within fourteen (14) days of this occurring?  Yes  No
- k) Do you undertake to notify the RANZCP if your medical registration is withdrawn or suspended, or conditions are placed on your medical registration, or if you receive notice of any complaint to any medical registration authority, within 14 days?  Yes  No
- l) Do you acknowledge that it is your responsibility to be fully informed and aware of all requirements of the RANZCP, particularly rules, guidelines, time limits and policies in relation to the Specialist Pathway, including information available on the RANZCP website?  Yes  No
- m) Do you agree to participate in the RANZCP review process in relation to your performance on the Specialist Pathway, including seeking and providing feedback about your training, as appropriate?  Yes  No
- n) Do you acknowledge that the RANZCP has a Reconsideration and Appeals Policy regarding any decision with which you are dissatisfied?  Yes  No
- o) Do you agree to conduct yourself in accordance with the RANZCP Examination Code of Conduct throughout the Specialist Pathway assessment process and while progressing to RANZCP Fellowship?  Yes  No
- p) Do you agree to not misrepresent your position, qualification, or title, and are you aware that the use of the term 'psychiatrist' is only to be used appropriately by Fellows or those who genuinely hold the Specialist Qualification?  Yes  No
- q) Do you solemnly declare that the information provided in this application and in all future communication with the RANZCP is true and accurate and do you understand that the making of a false statement may lead to exclusion from the College?  Yes  No

*The Committee reserves the right to seek independent opinion or information on any matters put forward, by contacting parties considered likely to assist in the process.*

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Signature of applicant

/ /  
Date

**Section 6:**

# Committee for Specialist International Medical Graduate Education

## Employer support declaration form



### *Applicant details*

Name of applicant: \_\_\_\_\_

Contact details: Mobile/Phone \_\_\_\_\_

Email address \_\_\_\_\_

Position offered (or current position): \_\_\_\_\_

### *Employer details*

Employer address: \_\_\_\_\_

Contact name: \_\_\_\_\_

Email address: \_\_\_\_\_

### *Supervisor details*

RANZCP Supervisor name: \_\_\_\_\_

Contact details: Mobile/Phone \_\_\_\_\_

Email address \_\_\_\_\_

Accreditation date for RANZCP supervision (2012 Fellowship Program): \_\_\_\_\_

Accreditation date for Substantial Comparability supervision (if applicable): \_\_\_\_\_

### **DECLARATION BY EMPLOYER AND APPLICANT**

*I declare that the above-named applicant will be fully supported in their employment for all their assessment and any additional training requirements to Fellowship of The Royal Australian and New Zealand College of Psychiatrists (RANZCP) under the 2012 Fellowship Program. This includes provision of a RANZCP-accredited supervisor (named above), who is fully aware of the RANZCP 2012 Fellowship Program requirements. For Substantial Comparability applicants, this also includes provision of a supervisor who is accredited for the Substantial Comparability Placement. The nominated supervisor should be able to mentor and support the applicant in their completion of the requirements to RANZCP Fellowship.*

*I am also aware that there is an expectation of the employer that the above-named applicant will be provided with significant supervision and the time and support to complete their RANZCP requirements to progress to RANZCP Fellowship.*

*Employer name:* \_\_\_\_\_

*Position:* \_\_\_\_\_

*Employer signature and date:* \_\_\_\_\_

*Applicant name:* \_\_\_\_\_

*Applicant signature and date:* \_\_\_\_\_

## Section 7: Application Checklist

Review the checklist below and make sure ALL required documentation has been received by the College. Applications cannot be processed until ALL required documentation and payment have been received.

New Application (refer page 2 footnotes)	Submitted (Yes/No)	Extension (refer page 2 footnotes)	Submitted (Yes/No)
Cover Letter outlining reasons for application		Cover Letter outlining reasons for application	
Completed RANZCP Application Form including application fee		Completed RANZCP Application Form including the extension fee	
Current CV (RANZCP template is provided <sup>1</sup> )		Covering letter from employing Health Service requesting continued RANZCP support	
AON Certification		RANZCP Ongoing Assessment Form <sup>2</sup>	
Support letter from employing Health Service		Brief, current CV (RANZCP template is provided <sup>1</sup> )	
Position description		Position description	
Evidence of participation in Continuing Medical Education (CME)		Evidence of participation in Continuing Medical Education (CME)	
Current Certificate of Registration Status from AHPRA		Details of progress towards Fellowship	
Employer declaration support form		Current Certificate of Registration Status from AHPRA	
		AON Certification	

1. Your own CV format can be submitted or the **RANZCP CV** template can be accessed from the Overseas Specialist section on the Forms and Documents page.
2. **The Area of Need Ongoing Assessment Form** can be accessed from Overseas Specialist section on the Forms and Documents page.



## Section 8: Payment Details

- Incorrect or incomplete applications will not be processed and an Incomplete Application Fee of AUD\$203.00 will be applied.
- Fees are payable in AUD or NZD, as appropriate.
- Fees will be deducted within seven (7) working days of receipt of application. Please ensure that funds are available during this time.
- RANZCP application fees are inclusive of GST.
- Acceptable payment methods include Cheque, Visa, MasterCard or Electronic Funds Transfer (EFT). EFT must include reference details and may be made as follows:

Electronic Funds Transfer:	<input type="checkbox"/>	Date of Transfer:	<input type="checkbox"/>
<b>AUSTRALIAN EFT PAYMENTS TO:</b>		<b>NEW ZEALAND EFT PAYMENTS TO:</b>	
Bank:	Westpac Banking Corporation	Bank:	Westpac NZ
BSB:	033178	Account No:	03-0207-00285242-000
Account No:	801076	Account Name:	RANZCP
Account Name:	RANZCP	Reference Number:	AON / AONExt "Surname"
Reference Number:	AON / AONExt "Surname"		
Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Cheque attached (made payable to RANZCP)
Card No:	_____	Expiry Date:	_____
Card holders name:	_____		
Signature:	_____		
2017 Administrative Fee Amount: <b>\$406.00 New AON \$797.00 Extension of AON</b>			
<b>PLEASE NOTE:</b> Only completed applications will be forwarded for assessment which includes receipt of the New AON Assessment fee of \$2,302. AON extensions have just one fee of \$797.00			
<b>Please note: This application form becomes a TAX INVOICE once paid</b>			
ABN: 68 000 439 047			

2017 FEE SCHEDULE FOR AREA OF NEED ASSESSMENT	
Administrative Fee	<b>AUD\$406.00</b>
Incomplete Application Fee	<b>AUD\$203.00</b>
New AON Assessment Fee	<b>AUD\$2,302.00</b>
Extension of Existing AON Assessment Fee	<b>AUD\$797.00</b>

The completed application form, accompanied by the fee and documentation as outlined above, should be forwarded to:

**Specialist International Medical Graduate Education**  
**RANZCP**  
**309 La Trobe Street**  
**MELBOURNE VIC 3000**  
**AUSTRALIA**

*All information received in applications will be held and used by the College in accordance with the College's Privacy Policy.*