

CONTINUING PROFESSIONAL DEVELOPMENT

Specialist Performance Remediation program



Application Form

Title:	First Name/s:	Family Name:
Postal address:		Town/Suburb:
State:	Postcode:	Country:
Phone (A/H):	Phone (Mob):	
Email:	Fax:	
Are you a Fellow/Affiliate of the College? Please specify:		Yes <input type="checkbox"/> No <input type="checkbox"/>
What is your field of specialty? (eg child & adolescent, adult)		
Have you received the formal notification* from Medical Board Australia (MBA) / Medical Council New Zealand (MCNZ)		Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>*Please send a copy of the notification with this application</i>		
In summary, what is the main reason for participating in the program?		

The refresher program is based on adult learning principles.

Are you familiar with this style of learning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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The program will require formal clinical and professional supervision.

Has a supervisor already been assigned to you from the MBA/MCNZ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has a supervisor already been assigned to you from the College?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, have you approached a College colleague previously to supervise:		

Application to the Specialist Performance Remediation program

I have read and understood the Specialist Performance Remediation program outline and am aware that the College will liaise directly with me, an appointed College supervisor and applicable regulatory authority in the development of a tailored specific program to meet my needs. Details, including costs, commencement date and obligations will be included in a contractual arrangement between myself and the College and this application serves only as an initial notification to commence the process.

Signature*:	Date:
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**Not required if submitting by email. Signature will be on contract.*

Please complete and return to cpd@ranzcp.org