

Dual Certificate Advanced Training Selection Notification

To be submitted by trainees and Fellows prior to commencing Dual Certificate Advanced Training

Please submit this form along with learning plans to the College training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

APPLICANT DETAILS

| | | | |
|----------------|---------------------------------------|---------|----------|
| Applicant name | RANZCP ID | | |
| Status | <input type="radio"/> Stage 3 trainee | Address | |
| | <input type="radio"/> FRANZCP | State | Postcode |
| | | Country | |
| Phone | Mobile | | |
| Email | | | |

CERTIFICATE OF ADVANCED TRAINING DETAILS

| | |
|---|---|
| Name of Certificate | Name of Certificate |
| Commencement date | |
| Learning Plan | Learning Plan |
| <input type="radio"/> Submitted to DOAT | <input type="radio"/> Submitted to DOAT |
| <input type="radio"/> Attached | <input type="radio"/> Attached |
| Name of DOAT | Name of DOAT |
| RANZCP ID | RANZCP ID |
| DOAT signature | DOAT signature |
| Date | Date |
| Comments | |

Fellows who have attained Fellowship more than 6 months ago, please attach a copy of your Annual Practising Certificate or similar from the Medical Registration Board with this form.

Annual Practising Certificate attached

| | |
|---------------------|------|
| Applicant signature | Date |
|---------------------|------|

Office use only

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|---|--------------------------------|
| SAT Chair approval date: | SAT Chair approval date: |
| SAT noted date: | SAT noted date: |
| iMIS TRG Training definition tab updated <input type="checkbox"/> | |