

Advanced Training Selection Notification

To be submitted by trainees and Fellows prior to commencing a Certificate of Advanced Training.

Please submit this form to the College's 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 | <input type="text"/> | RANZCP ID | <input type="text"/> | |
| Status | <input type="radio"/> Stage 3 trainee | Address <input type="text"/> | | |
| | <input type="radio"/> FRANZCP | State <input type="text"/> | Postcode <input type="text"/> | Country <input type="text"/> |
| Phone | <input type="text"/> | Mobile | <input type="text"/> | |
| Email | <input type="text"/> | | | |

CERTIFICATE OF ADVANCED TRAINING DETAILS

| | |
|---------------------|---|
| Name of Certificate | <input type="text"/> |
| Commencement date | <input type="text"/> |
| Comments | <div style="border: 1px solid #0070C0; border-radius: 15px; height: 250px; width: 100%;"></div> |

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 | <input type="text"/> | Date | <input type="text"/> |
| DOAT name | <input type="text"/> | | |
| DOAT signature | <input type="text"/> | Date | <input type="text"/> |
| | | RANZCP ID | <input type="text"/> |