

Application to show cause

To be submitted by trainees required to show cause to the Committee for Training to continue towards Fellowship.

Please submit this form to the Training Trajectory Coordinator. **Email:** trajectory@ranzcp.org;
fax: +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

For more information regarding show cause, refer to the [Failure to Progress Policy and Procedure](#).

Trainee name

RANZCP ID

SHOW CAUSE DETAILS

Reason/cause

- failure to commence a targeted learning program within 60 days of notification
- failure to achieve the mandatory Stage 2 EPAs within 36 months FTE of Stage 2 training time
- exceeded 12 calendar months of not-in-training time
- exceeded 5 calendar years of break-in-training time
- exceeded 13 calendar years of training in the Fellowship Program
- unable to pass (including not attempting) a summative assessment by the required timeframe as per the Progression through Training Policy (*select assessment type*)
- three unsuccessful attempts of the same summative assessment (including rotations) (*select assessment type*)

Assessment type

- end-of-rotation In-Training Assessment (ITA)
- MCQ Exam
- Essay-style Exam
- OSCE
- Psychotherapy Written Case
- Scholarly Project

CHECKLIST

I have attached the following documentation:

- a cover letter summarising my application, setting out the facts of my situation, providing relevant reasons for and/or any mitigating circumstances which should be considered
- proposed course of action outlining plan to achieve Fellowship
- requested information from Director of Training, Branch Training Committee, supervisor or others
- if no information requested from Director of Training/Branch Training Committee, provide reasoning in cover letter.

If relevant:

- evidence/supporting documentation such as medical certificates, formal notice from treating practitioner, bereavement notice, statutory declaration, police incident report, previous applications to the Committee for Examinations and other documents.

TRAINEE DECLARATION

I acknowledge that the Committee for Training reserves the right to request further information from my Director of Training, the Branch Training Committee, Committee for Examinations, my supervisor or others if necessary.

Information retained by the College may be provided to the Committee for Training to assist considerations if relevant.

Trainee signature

Date