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		RANZCP ID	
Status: ○ Stage 3 trainee ○ FRANZCP	Address		
State		Postcode	Country
Phone		Mobile	
Email			

CERTIFICATE OF ADVANCED TRAINING DETAILS

Name of Certificate	Select one of the following
Commencement 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	
DOAT name			
DOAT signature		Date	RANZCP ID