

Application for training review

To be submitted by trainees required to present a training review to the Committee for Training to continue towards Fellowship.

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

For more information regarding the training review refer to the Failure to Progress Policy and Procedure.

Trainee name

RANZCP ID

TRAINING REVIEW DETAILS

Reason/cause	Assessment type
failure to commence a targeted learning program within 60 days of notification	end-of-rotation In-Training Assessment (ITA)
failure to achieve the mandatory Stage 2 EPAs within 36 months FTE of Stage 2 training time	MCQ Exam
exceeded 12 calendar months of not-in-training time	
exceeded 5 calendar years of break-in-training time	Essay-style Exam
exceeded 13 calendar years of training in the Fellowship Program	OSCE
unable to pass (including not attempting) a summative assessment by the required timeframe as per the Progression through Training Policy (select assessment type)	Psychotherapy Written Case
three unsuccessful attempts of the same summative assessment (including rotations) (select assessment type)	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 practioner, 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