

## Application to commence a Certificate of Advanced Training

Please complete and forward to the local Director of Advanced Training

This form is to be used as an application for Certificates of Advanced Training and is not required for entry into Stage 3.

Director of Advanced Training (DOAT) \_\_\_\_\_

Director of Training (DOT) \_\_\_\_\_

Certificate Program(s) \_\_\_\_\_

*If applying for Dual Certificate, please select 2 certificates above.*

Training Program \_\_\_\_\_ OR  I hold RANZCP Fellowship  
(State/Territory/NZ Region) (Fellow-in-training)

### 1 PERSONAL DETAILS

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_ Visa Status  
(if applicable) \_\_\_\_\_

Professional Address \_\_\_\_\_ Home Address \_\_\_\_\_  
 Preferred Address  Preferred Address

\_\_\_\_\_  
\_\_\_\_\_

Contact number/s \_\_\_\_\_

Email \_\_\_\_\_

### 2 MEDICAL REGISTRATION

Australia/New Zealand \_\_\_\_\_

Type (e.g. general, with restrictions, conditions or limitations) \_\_\_\_\_

**Note: If registration is with restrictions, conditional or limitations, the RANZCP will require full disclosure of the nature of the conditions, and will review the information provided on a case by case basis to determine the applicant's suitability.**

Date of Registration \_\_\_\_\_

Registration Certificate No. \_\_\_\_\_

### 3 SELECTION CRITERIA CHECKLIST (*Pre-Fellowship Trainees Only*):

#### Checklist for Eligibility (*All Certificates*)

|                                    |   |   |   |
|------------------------------------|---|---|---|
| <input type="checkbox"/>           | Completed all Stage 1 and 2 training requirements   | <i>Date completed or expected date of completion:</i> | _____   |
| <input type="checkbox"/>           | Passed MCQ Exam   | OR  | <i>Date MCQ Exam completed:</i> _____                 |
| <b>PLUS (<i>as applicable</i>)</b> |   |   |   |
| <input type="checkbox"/>           | <b>If for selection into Certificate of Advanced Training in Forensic Psychiatry:</b> Passed one other written assessment (e.g. CEQ Examination & MEQ Examination, or Psychotherapy Written Case, or Scholarly Project) | <i>Written assessment completed:</i>                  | _____   |
|                                    |   | <i>Date assessment completed:</i>                     | _____   |
| <input type="checkbox"/>           | <b>If for selection into the Certificate of Advanced Training in the Psychotherapies:</b> Completed the required minimum 40 psychotherapy sessions towards the Psychotherapy Written Case.                              | <i>Date 40 sessions completed:</i>                    | _____   |
|                                    |   | <i>Letter from psychotherapy supervisor attached</i>  | Y <input type="checkbox"/> N <input type="checkbox"/> |

Please outline your plan for achievement of any outstanding summative assessments required for Fellowship:

| Assessment   | Statement on activities planned to achieve outstanding assessment/s |
|--|---|
| Psychotherapy Written Case<br><i>(incl. number of sessions completed, if any)</i>            | [insert details here]   |
| MEQ Exam   | [insert details here]   |
| CEQ Exam   | [insert details here]   |
| Clinical Competency Assessment - Modified Portfolio Review (CCA-MPR)                         | [insert details here]   |
| Scholarly Project<br><i>(incl. proposal submission and approval by BTC, if applicable)</i>   | [insert details here]   |
| Other<br><i>(i.e. relevant courses/activities to be undertaken to facilitate completion)</i> | [insert details here]   |

### 4 SPECIAL CONSIDERATION

Please detail any existing physical disability or medical conditions which may affect your ability to perform as an Advanced Certificate trainee and thus require special consideration or support.

## 5 OTHER INFORMATION

Please provide details of any current or previous applications you have submitted to other Advanced Training Certificate Programs. *The selection panel reserves the right to contact RANZCP programs previously applied to.*

Please identify if you have previously been enrolled in the Certificate of Advanced Training program:  
*If yes, the Director of Advanced Training may contact the College to request training record and relevant documentation in accordance with the Privacy Policy*

Yes (please attach the training record, if available)

## 6 ACCOMPANYING DOCUMENTATION

*(To be used for the sole purpose of facilitating selection into Training)*

Please attach following documents to this application form:

- Current **Curriculum Vitae** including all medical experience
- End-of-rotation In-Training Assessment (ITA) Forms *(Pre-Fellowship Trainees only)*
- A current **Training Record** *(Pre-Fellowship Trainees only)*
- A statement regarding your **work performance** from the most recent employer *(Fellows-in-training only. Not applicable if self-employed)*
- Contact details for **3 referees**. One referee should be your current supervisor, clinical lead or equivalent. *(A proforma report may be sent to each referee to complete):*

1 Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

2 Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

3 Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Previous teams/services in which you have recently worked may be contacted as part of the selection process.  
*Please identify anyone with whom there has been conflict or explain why some comments may not represent a fair and unbiased assessment of your work performance.*

## 7 PERSONAL DECLARATION

I undertake to abide by the rules and requirements of the RANZCP as they apply to trainees and Fellows-in-training (including Targeted Learning requirements) if this application is successful, in particular the Regulations specific to the chosen Certificate of Advanced Training, and the RANZCP Code of Ethics.

I will advise the RANZCP of any changes to my medical registration within 14 days of this occurring.

I have no knowledge of circumstances that would prevent my commencement of training on the date specified.

I will not misrepresent my position, qualification, or title, and will be aware that the use of the term 'psychiatrist' is only to be used appropriately by Fellows or those who genuinely hold a specialist qualification in psychiatry.

I declare that the information provided in this application and in all future communication with the RANZCP is true and accurate and understand that the making of a false statement may lead to exclusion from training.

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Signature of Applicant

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Date