

### IMPORTANT INFORMATION FOR APPLICANTS

- Attach one passport sized photograph to this completed application form.
- All items relating to applications to join the specialist pathway **must be submitted via email to [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org)**
- For more information on how to submit an application via email and standard advice regarding the submission of applications please refer to the [Applying for specialist assessment | RANZCP](#) webpage.
- An acknowledgement email will be sent by the Specialist International Medical Graduate Education (SIMGE) team within seven (7) business days of receipt of the application.
- Applications should be no more than **150 pages** in total, including the application form and **all** supporting documentation. Applications which exceed this page limit will not be accepted for assessment.
- Applicants need to complete every section in this application form. If you do not have experience in a certain area then please make a note of this in the application form – do not leave sections blank.
- Incorrect or incomplete applications will not be processed, and the incomplete application fee (see section 1) will be applied.
  - The SIMGE team may take up to four (4) weeks to review the application and all supporting documents for completeness.
  - If the application is found to be incomplete, the SIMGE team will notify the applicant of outstanding documentation which must be submitted within six months of the initial lodgement.
  - If the required documentation is not submitted in this time, the application will lapse and all documents may be securely destroyed.
  - If an application has expired and the applicant wishes to proceed with assessment, a new application, including the application fee and all required documentation, must be re-submitted.
- When the application is considered complete by the SIMGE team, the assessment fee (see section 1) will be payable by the applicant. The application will not proceed to assessment until this payment has been received and processed.
- Applicants who are assessed to be substantially comparable will be required to pay the Substantial Comparability placement fee prior upon offer of placement in a cohort.

**ATTACH  
1 x PASSPORT  
SIZE PHOTOGRAPH  
HERE**

### Before completing the application form, please carefully read the information below:

1. Check the eligibility and assessment criteria as stated on the [Applying for specialist assessment](#) page of the College website.
2. Read the RANZCP [Specialist Pathway Handbook](#) which will assist in completing the application to ensure all the following requirements are met:
  - a. The application must be accompanied by all required supporting documentation per the Application Checklist (see section 17) and correctly certified. Incomplete applications will not be processed and the incomplete application fee will be applied.
  - b. The application, including all documents listed in the Application Checklist, must be submitted in the one email to the Specialist IMG Education team via: [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org) Applicants will need to create a ZIP folder for the application and supporting documents before emailing it to the SIMGE team – please refer to the [Application form](#) webpage for Windows or Mac instructions on how to zip files.
  - c. before the closing date as outlined on the National Assessment Panel dates and / or Committee Meeting Dates schedules published on the [Assessment dates](#) webpage each year.
  - d. The application form must be typed and not hand-written.
  - e. A curriculum vitae (CV) must be submitted. You may use the [CSIMGE CV template](#) or your own format. The CV must be succinct and no more than five (5) pages. It should include any additional information relevant to your application not sought by the application form.
  - f. All information requested in the application form is considered important and relevant to your assessment and should be supplied within the form. 'Refer to CV' is not acceptable as the National Assessment Panel rely on consistently presented information in reaching a decision.
3. All documentation, as per the Application Checklist must be submitted in the one email to the Specialist IMG Education team via: [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org).

- a. For **new applicants**, all documents including some which need to be duly certified must be received before the closing date of a preferred assessment round. These dates are outlined on the [National-Assessment-Panel-Dates](#) schedule published on the [Assessment dates](#) webpage each year.
  - b. For **candidates who have been granted approval for re-assessment**, all documents duly certified must be received before the closing date of a preferred meeting of the Committee for Specialist International Medical Graduate Education (CSIMGE).
4. Referee reports will be emailed by the SIMGE team directly to three nominated referees who must meet the following criteria:
- a. At least one referee must be a current clinical supervisor who is a specialist in psychiatry.
  - b. If already working in Australia / New Zealand for twelve (12) months or more, all referees must be Fellows of the RANZCP.
  - c. If you have only recently (6 months) commenced working in Australia / New Zealand, at least one referee should be a principal supervisor from your previous employment.
  - d. Applications will not be considered complete unless all referee reports have been received. Should the referees not return the reports on the specified form within five (5) business days, the SIMGE team will send one reminder. Applicants will then be notified of any non-response, allowing five (5) further business days. Any further follow-up of outstanding referee reports is the responsibility of the applicant – it is recommended that referees are contacted early.
  - e. If nominated referees are unavailable, the applicant may supply details for alternative referees.
  - f. Referee reports are confidential and will not be released to third parties (such as Health Services, Medical Boards or recruitment agents) or to the applicant.
5. Requests for change of assessment / interview dates will not be considered. However, date changes may occur to the published schedules due to National Assessment Panel dates / Committee member availability. Applicants affected by such changes will be contacted by the SIMGE team as soon as possible.
6. Videoconference interviews are conducted via Zoom. All videoconferencing costs on both sides are to be covered by the applicant. The applicant is responsible for organising suitable videoconferencing interview facilities at their side and for contacting the College well in advance regarding dial-in information.

### Specialist assessment complaints process

1. It is required that the applicant, prior to making application for a formal review, has attempted to **informally clarify the decision** with the Committee for Specialist International Medical Graduate Education (CSIMGE).
2. A **reconsideration** is the first *formal* step in the RANZCP complaints resolution process available to specialist international medical graduate (SIMG) candidates where a decision has been made which the SIMG believes unfairly affects their progression to Fellowship and where evidence or grounds for reconsideration can be established. The CSIMGE make a decision on requests for reconsideration.
3. Following reconsideration, the final stage of the RANZCP complaints resolution process for SIMG candidates is the **appeals process**. Appeals are dealt with following the RANZCP [Review, Reconsideration and Appeal Policy](#) and the [Appeals Committee Regulations](#).

Further information can be found on the [Appeals and complaints](#) page of the College website.

## Statutory Declarations

The RANZCP accepts the following as eligible to witness declarations and required assessment documentation:

- A Justice of the Peace
- Chief Magistrate – Police Magistrate – Resident Magistrate – Special Magistrate.
- A person appointed under the Statutory Declarations Act 1959, as amended, or under a State Act to be a Commissioner for Declarations.
- A Notary Public.
- A person appointed as a Commissioner for Declarations under the Statutory Declarations Act 1911, or under that Act as amended, and holding office immediately before the commencement of the Statutory Declarations Act 1959.
- Notary Public
- Commissioner of Oaths (South Africa, Sudan and Canada only)
- A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:
  - Australian Consul-General, Consul or Vice-Consul.
  - Australian Trade Commissioner or Consular Agent.
  - Australian Ambassador or High Commissioner.
  - Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor.
  - Australian Secretary or Attaché.

**Note:** A Justice of the Peace registered outside Australia or New Zealand is not accepted by the RANZCP for witnessing documentation.

It is important that the witness state in their wording that it is a ‘**certified true copy**’. A sample of acceptable wording is shown here.

The name and title of the witness and the date certified must also be included in the certification. Certification should be made on each page of the actual document. If the witness certifies the document on a separate page, it must be correctly notary bounded (not stapled).



**Application forms and documents that have not been witnessed as specified above are not legally recognised in Australia and will not be accepted.**

## Evidence of English language proficiency

Applicants must provide proof of their English language proficiency. The RANZCP requirements for English Language proficiency align with the Medical Board of Australia (MBA) English language skills registration standard which came into effect on 1 July 2015.

The standard outlines the pathways through which applicants can meet the standard (through education or tests). The MBA accepts the following English language tests if completed within the previous two (2) years:

- IELTS Academic module
- OET
- PTE Academic
- TOEFL iBT
- NZREX
- PLAB

If your secondary schooling and specialist training was taught and assessed in English, you may be eligible for exemption from this requirement.

While the College bases its exemption criteria on that of the MBA / MCNZ, please be aware that a College-granted exemption will only apply to the College processes and is not indicative of MBA or MCNZ requirements.

The standard is available on the [Registration Standards](#) page of the Medical Board of Australia website.

## Confirmation of employment and employer support

All applicants for Specialist Assessment must have a confirmed job offer and provide evidence of having the offer.

The employer will be required to guarantee support for the applicant, including the provision of an appropriately accredited supervisor, and to facilitate any training and assessment requirements of the placement.

An [Employer Support declaration form](#) must be submitted with this application form.

Applicants who wish to be assessed as Substantially Comparable must be employed in or have accepted an offer for a position as a Consultant / Specialist level psychiatrist in order to undertake the period of professional practice (at least twelve (12) months FTE) to ensure the level of practice is consistent with that of an Australian or New Zealand trained Specialist. This may be in an Area of Need position.

## Evidence of identity

All applicants applying through the RANZCP must satisfy the RANZCP of their identity. Applicants will need to provide proof of personal identity by way of submission of two (2) types of identification documentation. A certified copy of evidence of a name change must be submitted if applicable.

To view these requirements, visit the [AMC](#) website. Please note that meeting the AMC's requirements for identification will not necessarily satisfy the Medical Board of Australia's proof of identity requirements.

## Evidence of verification

The [EPIC primary source verification](#) process will be replaced by the new MyIntealth process from late August 2023.

MyIntealth is a new online environment for accessing services offered by Intealth and its members, ECFMG and FAIMER. MyIntealth will consist of a portal for international medical graduates pursuing verification of medical credentials similar to the current EPIC verification process. Using the MyIntealth environment, users will be able to establish and maintain accounts, request services, manage payments, and retrieve important messages. For more information, please visit the [MyIntealth](#) website.

ECFMG will communicate with users directly regarding the transition processes. The AMC will also provide further updates on AMC processes on the AMC website and AMC account portal over the coming months approaching August 2023.

The AMC has also recently launched electronic EICS certificates. This enables applicants to download a copy of their EICS certificate for each verified medical credential. RANZCP staff will be able to view and download the relevant EICS certificates as part of the Specialist Assessment process.

## Privacy statement

Your privacy is respected by the RANZCP. Information collected by the RANZCP may be used for administering your assessment and provided to officers of the RANZCP involved in the Specialist Assessment process, the respective employer and the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (AHPRA), or the Medical Council of New Zealand (MCNZ).

Procedures relating to privacy are set out in the RANZCP [Privacy Policy](#). If you have any privacy concerns or would like to verify the information held about you, please contact the RANZCP Legal Counsel, RANZCP, 309 La Trobe Street, Melbourne VIC 3000, Australia.

## Declaration and consent to collect information

I,

(name of applicant)

of

(address)

(occupation)

### Do solemnly and sincerely declare that:

- I am the person identified in the foregoing Specialist Assessment application
- I am the person who has signed below
- I have familiarised myself with the RANZCP [Code of conduct](#) and [Code of ethics](#)
- I have familiarised myself with the RANZCP [Privacy Policy](#) and give consent to the RANZCP to collect information for the purposes of the foregoing application for Specialist Assessment
- I understand that the RANZCP will notify the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (AHPRA), or the Medical Council of New Zealand (MCNZ) of the outcome of this Specialist Assessment
- I have familiarised myself with the policies relating to the Specialist Pathway to Fellowship of the RANZCP, in particular the [Maintenance of comparability status on the Specialist Pathway policy](#), the [Partial Comparability requirements for RANZCP Fellowship policy](#) and the [Substantial Comparability requirements for RANZCP Fellowship policy](#), as well as the [Regulations, policies and procedures of the RANZCP Fellowship Program](#)
- The statements made, and the information provided in this Specialist Assessment application form and in the supporting documents attached are true and complete.

Signature of person making the Declaration and consent to collect information:  
**(Applicant's signature)**

Please sign *inside* the box to ensure that the RANZCP is recording your full signature.

Declared at

(name of city, town, suburb)

on this

(day)

day of

(month)

in the year

(year)

**Before me<sup>1</sup>**  
(eligible witness)

(signature of person before whom the Declaration is made)

(official title<sup>2</sup> of witness before whom the Declaration is made)

(address of witness before whom the Declaration is made)

(print name of witness before whom the Declaration is made)

(contact number of witness before whom the Declaration is made)

<sup>1</sup>The person witnessing this Declaration must be the same person who certifies the documents of the applicant. If a different eligible witness is used to certify the supporting documentation, you must submit a statutory declaration explaining why a different witness was used and it must be witnessed by the new eligible witness.

<sup>2</sup>The title of the eligible witness must be written (e.g. Notary Public, Justice of the Peace).

## Section 1: Payment details

- Fees cannot be refunded if application is rejected due to incomplete or incorrect completion of this form.
- Fees are payable in AUD or NZD, as appropriate.
- Fees will be deducted within 7 working days of receipt of application. Please ensure that funds are available during this time.
- RANZCP application fees are inclusive of GST.
- Acceptable payment methods include Cheque, Visa, MasterCard or Electronic Funds Transfer (EFT).
- Electronic funds transfer must include reference details.

**Please note: This application form becomes a TAX INVOICE once paid. ABN: 68 000 439 047**

### 2023 Fee schedule (please tick the relevant fee and type of payment)

<input type="checkbox"/>	Administrative fee	AUD / NZ \$442.00
<input type="checkbox"/>	Incomplete application fee	AUD / NZ \$221.00
<input type="checkbox"/>	Comparability Assessment fee (includes Area of Need Assessment if applicable)	AUD / NZ \$5,740.00
<input type="checkbox"/>	CSIMGE granted review of comparability	AUD / NZ \$2,883.00

<input type="checkbox"/>	<b>Electronic Funds Transfer</b>	Date of transfer	
<b>Australian EFT payments to:</b>		<b>New Zealand EFT payments to:</b>	
<b>Bank</b>	Westpac Banking Corporation	<b>Bank</b>	Westpac NZ
<b>SWIFT code</b>	WPACAU2S	<b>Account number</b>	03-0207-00285242-0000
<b>BSB</b>	033178	<b>Account name</b>	RANZCP
<b>Account number</b>	801076	<b>Reference</b>	Dual "Surname"
<b>Account name</b>	RANZCP		
<b>Reference</b>	Dual "Surname"		

<input type="checkbox"/>	<b>Cheque enclosed</b>	Made payable to RANZCP
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<input type="checkbox"/>	<b>Credit card payment</b>	Card type	
Card number		Expiry date	
Card holders name			
Signature			

### Substantial Comparability placement fee

If assessed as Substantially Comparable, the placement fee is payable upon acceptance of the placement. This fee covers the 12-month placement.

A separate form for payment of the Substantial Comparability placement fee will be sent to candidates with notification of their acceptance onto the placement.

An additional fee will be charged for each six (6) month extension (or part thereof) to the placement to cover costs of any additional assessments required.

2023 Substantial Comparability placement fee	AUD / NZ \$10,710.00	
2023 Substantial Comparability placement extension fee (3 months)	AUD / NZ \$979.00	
2023 Substantial Comparability placement extension fee (6 months)	AUD / NZ \$1,958.00	

## Section 2: Personal details

Given names					
Surname					
Are these names the same used on all attached documents?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
If no, clearly explain the reason for the difference	<p><i>Attach certified documentary evidence of name change / variation. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known by for the purposes of this Specialist Assessment.</i></p>				
Date of birth					
Gender	<input type="checkbox"/> Man	<input type="checkbox"/> Non-binary / gender diverse	<input type="checkbox"/> Prefer not to say	<input type="checkbox"/> Woman	<input type="checkbox"/> My gender isn't listed, I identify as:
Country of birth			Country of current residence		
Full residential address					
Postal address (if different to above)					
Home telephone			Mobile telephone		
Work telephone			Facsimile		
Email (private)					
Email (work)					
Current appointment					
Employing Health Service and address					

## Section 3: Application and position details

Application type	<input type="checkbox"/> Comparability assessment only <input type="checkbox"/> Comparability and Area of Need assessment <input type="checkbox"/> CSIMGE granted review of comparability	
Interview request	<input type="checkbox"/> Face-to-face (Australia / New Zealand) (where offered) <input type="checkbox"/> Videoconference (where offered) <p><i>The applicant is responsible for all videoconference costs. Videoconference interviews are only offered in selected states and only for overseas applicants</i></p>	
State of Assessment	<input type="checkbox"/> New South Wales / Aust. Capital Territory <input type="checkbox"/> South Australia <input type="checkbox"/> Victoria <input type="checkbox"/> New Zealand	<input type="checkbox"/> Queensland / Northern Territory <input type="checkbox"/> Tasmania <input type="checkbox"/> Western Australia

**Proposed / current appointment in Australia / New Zealand**

Position			
Health Sector	<input type="checkbox"/> Public <input type="checkbox"/> Private OR <input type="checkbox"/> Both		
Employing Health Service			
Address of employing Health Service			
Health Service Contact name		Position	
Contact Email		Telephone	
Supervisor name		Position	
Supervisor Email		Telephone	

**Area of Need position details (if applicable)**

Title of position	
Primary location	
Address of primary location	
Secondary locations and addresses	



**Section 4: Qualifications****Primary / basic medical qualification**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

**Principle / highest specialist medical qualification**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

**Additional / supporting SPECIALIST medical qualification**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

**Additional / supporting TERTIARY qualification (e.g. B Sc, MScPsych, PhD etc.)**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

**Other additional / supporting qualification**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

**Other additional / supporting qualification**

Qualification in full					
Name on Diploma / Degree					
Training body					
Institution awarding qualification					
Country of training and award / issue					
Standard course duration		Date commenced		Date completed	
Date qualified			Date awarded		
Specify and explain dates / duration of any gaps or breaks in course					
Supporting evidence				Attachment reference	

<b>Current Medical Licensure / Registration</b>			
Licensing body		Category of registration	
Restrictions			
Current commencement date		Expiry date	
Date first registered with this Authority			
Supporting evidence		Attachment reference	

<b>Previous Medical Licensure / Registration (1)</b>			
Licensing body		Category of registration	
Restrictions			
Current commencement date		Expiry date	
Date first registered with this Authority			
Supporting evidence		Attachment reference	

<b>Previous Medical Licensure / Registration (2)</b>			
Licensing body		Category of registration	
Restrictions			
Current commencement date		Expiry date	
Date first registered with this Authority			
Supporting evidence		Attachment reference	

<b>Previous Medical Licensure / Registration (3)</b>			
Licensing body		Category of registration	
Restrictions			
Current commencement date		Expiry date	
Date first registered with this Authority			
Supporting evidence		Attachment reference	

**Section 5: Internship and pre-vocational medical training****Internship / pre-registration (PGY 1 / 2) employment / training**

Hospital			
Governing body			
Date commenced		Date completed	
Rotations	National Curriculum at PGY 1 / 2		
Formal teaching program details	Formative / summative evaluation details		
Supporting evidence			Attachment reference

**Further pre-vocational employment / training**

Hospital			
Governing body			
Date commenced		Date completed	
Rotations	National Curriculum at PGY 1 / 2		
Formal teaching program details	Formative / summative evaluation details		
Supporting evidence			Attachment reference

## Section 6: External accreditation of specialist psychiatry program by National or State Organisation

Is the Specialist Psychiatry Training program externally accredited by a National / State Organisation?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of the accrediting organisation			
Description			
Supporting evidence		Attachment reference	

## Section 7: Mental Health training program standards

### **Mental Health Program**

*Refers to the mental health program in operation during your training. Please address: acute inpatient services integrated with general hospital services, including emergency psychiatry and early psychosis intervention services; community-based ambulatory services linked with mobile outreach services (crisis, continuing care and homeless teams); multidisciplinary team led by psychiatrists within bio-psychosocial model; public /private mix; Mental Health Act and ECT operations including appeal and external review processes; significant participation of consumer, carer and non-government organisations in service delivery.*

Supporting evidence		Attachment reference	

## Section 8: Health System standards

### **National Mental Health Care Plan**

Provide information of any National Mental Health Care Plan in place, if any, in the country where qualification was obtained. Specify if the plan was in place at the time of your training, the date established and / or reviewed.

Supporting evidence

Attachment reference

## Section 9: Specialist Psychiatry training experiences

The competencies expected are aligned with the RANZCP 2012 Fellowship Program. Refer to the following documents for information on the competencies expected in each area of practice:

- [Fellowship Competencies](#)
- [Learning Outcomes](#)
- [Developmental Descriptors](#)
- [EPA Handbook – Stage 1 and 2](#)
- [Stage 2 Syllabus](#)
- [Stage 3 requirements](#)
- [Fellowship Program Regulations, Policies and Procedures](#)

Provide an executive summary for each experience of: service and service model, your role, duration, approximate caseload (number of patients in your care at any one time) and age groups, types of conditions typically encountered, types of treatment typically employed. Give a brief synopsis of your education and supervision experiences. LIMIT EACH DESCRIPTION TO THE SPACE PROVIDED.

If your training program did not provide discrete rotations to specific experiences and these experiences were integrated and/or concurrent with general training, provide a realistically accurate calculation of the proportionate hours as set out below.

For supervision, specify whether individual or group, and provide relevant hours.

### **CORE CLINICAL EXPERIENCE**

Please provide a brief synopsis of the duration of experience, approximate caseload (number of patients under care at any one time), types of conditions typically encountered, types of treatment typically employed and supervision provided. Describe the experience in different age groups, settings, treating modalities and types of service delivery.

**Adult Inpatient Psychiatry**

Description of clinical experience(s) obtained

Large empty box for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name and qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**Community Psychiatry**

Description of clinical experience(s) obtained

Large empty box for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name and qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	



**Child and Adolescent Psychiatry**

Description of clinical experience(s) obtained

Large empty box for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name and qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**Consultation-Liaison Psychiatry**

Description of clinical experience(s) obtained

Large empty box for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name and qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**Psychiatry of Old Age**

Description of clinical experience(s) obtained

Large empty rectangular area for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w	Months (FTE) <sup>1</sup>	Dates (start – finish)	
Health Service			
Supervisor name and qualification		Supervisor email	
Hours / mode of supervision		Attachment reference	

**Addiction Psychiatry**

Description of clinical experience(s) obtained

Large empty box for describing clinical experience(s) obtained.

For each clinical experience, please list:

Hours worked p/w	Months (FTE) <sup>1</sup>	Dates (start – finish)
Health Service		
Supervisor name and qualification	Supervisor email	
Hours / mode of supervision		Attachment reference

**Other** (e.g. Rehabilitation / Recovery / Early Psychosis Intervention / Learning Disabilities / Neurology)

Description of clinical experience(s) obtained

For each clinical experience, please list:

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name and qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**PSYCHOTHERAPY TRAINING AND EXPERIENCE**

Specify and detail according to type e.g. Psychodynamic, brief, cognitive and / or behavioural, marital / family / group. Refer to the relevant section of the RANZCP 2012 [Fellowship Program Regulations, Policies and Procedures](#).

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

<b>PSYCHOTHERAPY TRAINING AND EXPERIENCE (Continued)</b>					
Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

Description					
Nature of case				Nature of supervision	
No. of people treated				No. of sessions p/w	
Start date		Finish date		Total sessions	

**CLINICAL EXPERIENCES****Indigenous Mental Health**

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Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**Experience with Carers**

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Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**Experience with non-governmental organisations (NGOs)**

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Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	



**CLINICAL EXPERIENCES** (continued)

## Electroconvulsive Therapy


Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

## Rural Mental Health


Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

## Continuity of Care


Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)	
Health Service					
Supervisor name / qualification			Supervisor email		
Hours / mode of supervision				Attachment reference	

**CLINICAL EXPERIENCES** (continued)

## OTHER

Hours worked p/w		Months (FTE) <sup>1</sup>		Dates (start – finish)
Health Service				
Supervisor name / qualification		Supervisor email		
Hours / mode of supervision		Attachment reference		

**EXAMINATIONS**

Written examinations			
Question types <i>(e.g. MCQ, essay, short answers, log books)</i>		Number of attempts to pass	
Clinical examinations			
Question types <i>(e.g. OSCE, long case, viva, observed interview)</i>		Number of attempts to pass	

**Section 10: Higher Training Experiences (comparable to RANZCP Advanced Training experiences)**

Psychological aspects of management in psychiatry

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Total months of experience

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*Attachment reference*

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Biological aspects of management in psychiatry

--	--	--	--

Total months of experience

--

*Attachment reference*

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Social aspects of management in psychiatry

--	--	--	--

Total months of experience

--

*Attachment reference*

--

Cultural aspects of management in psychiatry

Total months of experience

*Attachment reference*

Application of consultative skills

Total months of experience

*Attachment reference*

Ethics, leadership and management

Total months of experience

*Attachment reference*

## Section 11: Experience as a Specialist Psychiatrist

Subsequent work experience and peer review / supervision

*Refers to ongoing formal interaction with a senior colleague or peer group which includes feedback on the applicant's clinical practice.*

Total months of experience

*Attachment reference*

Subsequent teaching experience

Total months of experience

*Attachment reference*

Subsequent administration experience

Total months of experience

*Attachment reference*

Involvement in peer review or supervision

Total months of experience

*Attachment reference*

Educational meetings attended and presented over the last five (5) years

*Attachment reference*

Academic honours and awards

*Attachment reference*

Grants obtained

*Attachment reference*

Research experience (summarised)

*Attachment reference*

Published research papers (summarised)

*Attachment reference*

Membership of professional organisations

Attachment reference

**Section 12: Other experience and documentation which may support your application**

**Section 13: Progression towards RANZCP Fellowship** *(existing SIMG candidates only)*



## Section 14: Referees

### A minimum of three (3) referees are required.

Preferably all three referees should be clinical supervisors and specialists in Psychiatry. **At least one referee must be a current clinical supervisor who is a specialist in Psychiatry.**

If you are already working in Australia, your referees must be Fellows of the College (FRANZCP) or Training Supervisors who are approved by the College.

Referees will receive one reminder only from the College. It is your responsibility to follow up missing referee reports.

Your application **will not** proceed to assessment if any referee reports are missing on the closing date.

*The College may seek additional specified referees or information to clarify issues arising from the references or the assessment.*

#### Referee one

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

#### Referee two

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

#### Referee three

Name			
Position		Qualifications	
Email		Dates supervised	
Address			

*Previous Heads of Department/Clinical Directors for whom you have worked may be contacted as part of this process. If there is any reason why such person may not provide a fair and unbiased assessment of your work, please identify them here:*

## Section 15: Declaration of applicant

**Note:** If your registration has restrictions, conditions and/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.

The content of this declaration will be used for the purpose of establishing important issues of suitability and allowing verification where required in relation to entry into the Specialist Pathway. A response to each item must be made.

### Qualifications

- |   |  |
|---|--|
| a) Do you hold the highest Specialist Psychiatry qualification to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Do you hold specialist registration to work as a Specialist Psychiatrist in the country in which you qualified as a Specialist Psychiatrist?                         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

### Caveats

**It is important to note that if you mark 'yes' to any of the caveats listed below, you are required to provide an outline of any relevant circumstances or facts by attaching the relevant details.**

- |   |  |
|---|--|
| c) Have you, or anyone in your employment, been subject to any investigation or faced any form of disciplinary action by an Authority, in any country?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d) Has your name been subject to report or removal from any Medical Register in any country because of misconduct in a professional sense, any incapacity or have you ever been refused registration for such reasons?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e) Has your name been subject to report by a Regulatory Authority (or equivalent body) e.g. Health Care Complaints Commission, in any country, because of an alleged incompetence, incapacity or misconduct?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f) Do you have any objections to written or telephone reports being obtained from your referees and from relevant Directors of Medical Services/Psychiatrists/Training Co-ordinators, for use by the Committee for Specialist International Medical Graduate Education? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g) Are you aware of any health conditions which may interfere with your ability to perform the requirements and demands of the RANZCP?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h) Do you have a health condition that may require your employer to provide you with services or facilities (e.g. adjustments) so that you can successfully carry out the requirements and demands of the Specialist Pathway?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
- Any adjustments you may require must be discussed with the relevant workplace.**

### Undertakings

- |   |  |
|---|--|
| i) Do you undertake to abide by the rules and requirements of the RANZCP as they apply to IMGs (including remediation requirements) if your application is successful, in particular the RANZCP Code of Ethics?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| j) Will you advise the RANZCP of any changes to your medical registration within fourteen (14) days of this occurring?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| k) Do you undertake to notify the RANZCP if your medical registration is withdrawn or suspended, or conditions are placed on your medical registration, or if you receive notice of any complaint to any medical registration authority, within 14 days?                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| l) Do you acknowledge that it is your responsibility to be fully informed and aware of all requirements of the RANZCP, particularly rules, guidelines, time limits and policies in relation to the Specialist Pathway, including information available on the RANZCP website? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| m) Do you agree to participate in the RANZCP review process in relation to your performance on the Specialist Pathway, including seeking and providing feedback about your training, as appropriate?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n) Do you acknowledge that the RANZCP has a Reconsideration and Appeals Policy regarding any decision with which you are dissatisfied?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |

o) Do you agree to conduct yourself in accordance with the RANZCP Examination Code of Conduct throughout the Specialist Pathway assessment process and while progressing to RANZCP Fellowship?	<input type="checkbox"/> Yes <input type="checkbox"/> No
p) Do you agree to not misrepresent your position, qualification, or title, and are you aware that the use of the term 'psychiatrist' is only to be used appropriately by Fellows or those who genuinely hold the Specialist Qualification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
q) Do you solemnly declare that the information provided in this application and in all future communication with the RANZCP is true and accurate and do you understand that the making of a false statement may lead to exclusion from the College?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**The Committee reserves the right to seek independent opinion or information on any matters put forward, by contacting parties considered likely to assist in the process.**

Name of applicant	
Signature of applicant	
Date	

## Section 16: Authority to receive information about an applicant / candidate on the Specialist Pathway

Under the Privacy Act 1988 (Cth), the RANZCP is generally not permitted to disclose personal information about a RANZCP applicant/candidate to a third party (e.g. a relative, friend or agent) without the consent of the candidate/applicant. An applicant/candidate may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

### **Applicant authorisation**

I authorise my agent to:

- |   |  |
|---|--|
| a) Communicate with the RANZCP by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application.   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b) Communicate with the RANZCP on my behalf regarding the results of relevant assessments conducted by the RANZCP. The RANZCP will not release assessment results to third parties other than the Medical Board of Australia or AHPRA (Australian Health Practitioner Regulation Agency). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c) Undertake any other action reasonably necessary for the processing of my application on my behalf, except the signing and lodging of application and withdrawal forms/letters (they must be completed by the candidate/applicant).   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Name of applicant

Signature of applicant

Date

### **Agent consent**

I consent to act as agent to the applicant as authorised above.

Name of agent

Company

Address

Business phone

Mobile phone

Email

Signature of agent

Date

Your privacy is respected by the RANZCP. Information collected by the RANZCP may be used for administering your assessment and provided to officers of the RANZCP involved in the Specialist Assessment process, the respective employer and the Medical Board of Australia (MBA), the Australian Health Practitioner Regulation Agency (AHPRA), or the Medical Council of New Zealand (MCNZ).

Procedures relating to privacy are set out in the RANZCP [Privacy Policy](#). If you have any privacy concerns or would like to verify the information held about you, please contact the RANZCP Legal Counsel, RANZCP, 309 La Trobe Street, Melbourne VIC 3000, Australia.

## Section 17: Application checklist

Review the checklist below and make sure ALL required documentation, duly certified, is submitted with your application. Documentation must not be stapled, placed into folders, or bound in any way. All documents must be printed single-sided. Applications cannot be processed until ALL required documentation and payment have been received. Including this application form, applicants must not be more than 150 pages in total.

<input type="checkbox"/>	<b>Covering letter</b> – should include a brief overview of current professional activity
<input type="checkbox"/>	<b>Completed application form</b> – including one passport-sized photograph attached to the front page
<input type="checkbox"/>	<b>Payment of administrative fee</b> – see section 1
<input type="checkbox"/>	<b>Confirmation of identity</b> – at least two of the items below:
<input type="checkbox"/>	<b>Certified</b> copy of passport
<input type="checkbox"/>	One current (no older than 12 months) colour passport-sized photograph
<input type="checkbox"/>	<b>Certified</b> copy of evidence of change of name (if applicable)
<input type="checkbox"/>	Logbooks of procedures carried out throughout specialist training
<input type="checkbox"/>	Proof of completion of 12 months training as an intern – this may be in the form of letters from supervisors outlining duration, content and structure of training and whether it was completed satisfactorily in an accredited training position and / or logbooks
<input type="checkbox"/>	<b>Up-to-date curriculum vitae (CV)</b> – either the <a href="#">CSIMGE CV template</a> or your own format
<input type="checkbox"/>	<b>Names and contact details (including email addresses) of three (3) current referees</b> to confirm clinical expertise
<input type="checkbox"/>	<b>Certified copy of primary qualification</b> (e.g. MBBS) – in original language and English translation. All translations must comply with the AHPRA <a href="#">Requirements for translating documents</a> . <b>New applicants only</b>
<input type="checkbox"/>	<b>Certified copies of highest specialist psychiatry qualification/s</b> (e.g. MD (Psych), MD (Psych) + Board Certificate, MRCPsych + CCT – in original language as well as English translation. All translations must comply with the AHPRA <a href="#">Requirements for translating documents</a> . <b>New applicants only</b>
<input type="checkbox"/>	<b>Lodge Primary source verification of primary qualification &amp; highest specialist psychiatry qualification/s</b> – applicants must lodge Primary source verification via the AMC <u>prior to lodging their RANZCP Specialist Pathway application</u> . The primary qualification in addition to each qualification constituting the highest specialist psychiatry qualification must be submitted. <b>For example, MB ChB and MRCPsych as well as CCT/CCST from the UK, or MBBS and MD(Psych) as well as Board Certification as a Specialist in Sri Lanka.</b> The AMC provide the RANZCP with direct access to the AMC portal to view the relevant verification statuses and documentation for a candidate once successfully initiated. For further guidance on how to apply, please see the AMC <a href="#">Primary source verification</a> web page. Please note that from August 2023, this will be replaced by the new <a href="#">Myintealth</a> process. <b>New applicants only</b>
<input type="checkbox"/>	<b>Evidence of English language proficiency.</b> <b>New applicants only</b>
<input type="checkbox"/>	<b>Evidence of an accepted job offer in Australia or New Zealand</b> which must include:
<input type="checkbox"/>	A confirmed job offer from the Australian or New Zealand employer
<input type="checkbox"/>	A job description specific to your proposed position
<input type="checkbox"/>	Evidence of acceptance of the job offer, e.g. a signed contract
<input type="checkbox"/>	<b>Copy of Supervisors RANZCP Accreditation Certificate</b>
<input type="checkbox"/>	<b>Completed <a href="#">Employer Support Declaration</a></b>
<input type="checkbox"/>	<b>Area of Need Certification.</b> <b>Area of Need applications only</b>
<input type="checkbox"/>	<b>Certified Certificate of Good Standing</b> from the relevant medical board for the most recent two (2) year period – if the medical board does not issue certificates of good standing, a certificate of registration status must be submitted
<input type="checkbox"/>	<b>A statement regarding work performance</b> from each hospital / training scheme or practice at which you have been employed during the last two (2) years. The statement must be a signed original on letterhead.
<input type="checkbox"/>	<b>Postgraduate training documentation</b> , including evidence of completion of internship and details relating to speciality training and specialist examinations. <b>New applicants only</b>
<input type="checkbox"/>	<b>A CPD statement</b> from the time your specialist qualification was obtained.