

### Overview

#### Introduction

Royal Australian and New Zealand College of Psychiatrists (RANZCP) Specialist Specified Training (SST) endorsement allows international medical graduates (IMGs) in the final two years of their overseas specialist training to undertake supervised workplace-based training in Australia, with the aim of enhancing their level of practical skill in a particular area of expertise through training that is not available in their home country.

IMGs who have a specialist qualification in psychiatry and are looking to gain short-term training which is not available in their home country are also eligible to apply.

SST endorsement is made possible by the Medical Board of Australia (MBA) [Registration Standard: Limited registration for post graduate training or supervised practice](#), as it applies to the *Short-term training in a medical specialty pathway*. Before applying for SST endorsement, you should familiarise yourself with the [Guidelines - Short-term training in a medical specialty for international medical graduates who are not qualified for general or specialist registration](#), published by the MBA. When applying for medical registration via this pathway, you must confirm that at this time you have no intention of making further applications for registration at the end of the specified training period. This makes the pathway, and therefore SST endorsement, unsuitable for IMGs who wish to permanently relocate to, and work in, Australia. If you intend to remain in Australia, consider the [RANZCP Fellowship Program](#) or, if you already hold an eligible psychiatry qualification, the [RANZCP Specialist Pathway to Fellowship](#).

In assessing an application for SST endorsement, the RANZCP applies the World Health Organisation's [Global Code of Practice on the International Recruitment of Health Personnel](#), which encourages professional exchanges where 'both source and destination countries should encourage and support health personnel to utilize work experience gained abroad for the benefit of their home country'.

**Important:** SST endorsement is not a pathway to RANZCP Fellowship. The maximum time granted for an SST post is two (2) years. On completion of the SST post, the applicant will usually return to their home country to resume work, or finish specialist training.

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## Usage

Complete this form if you:

- are seeking SST endorsement for the first time (i.e. a *new application*),
- are actively undertaking your SST and wish to extend the period of endorsement, within the limits defined by the MBA (an *application for extension*), or
- have been granted permission by the Committee for Specialist International Medical Graduate Education (CSIMGE) to re-apply for SST endorsement following an unsuccessful application.

Your application must be submitted by email to: [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org) at least three (3) months prior to the commencement of your proposed training program. If you do not allow adequate time for your application to be assessed, your medical registration may not be granted until after the endorsement period begins.

Your submission must include all supporting documentation listed in the [Application Checklist](#) (see Section 1), including confirmation that you have paid the full application fee via electronic funds transfer (EFT) (see [Section 6](#)). Be mindful that any gaps in information or documentation will delay the application process. Unnecessary documents (those not listed in the checklist) will be securely destroyed. **Do not submit original documents.**

For further information, contact RANZCP Specialist IMG Education by calling +61 3 9640 0646 or by email to [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org)

This application form must be completed and directly submitted by the doctor seeking to undertake Specialist Specified Training. Third party applications prepared by recruitment agencies, health services, or any other parties, are not acceptable and will not be considered.

All information received as part of the application and assessment process will be held and used by the College in accordance with the [RANZCP Privacy Policy](#).

## Application process

The application process for SST endorsement will take approximately six weeks from the time your complete application has been confirmed (step 3, below). This may vary depending on the availability of RANZCP committee members.

Delays may also occur if the relevant committees request clarification from you, so it is important that you provide detailed information on your application, along with clear supporting documentation.

The steps in the application process are as follows:

1. Secure a position with an Australian health service, that will allow you to achieve your identified learning goals and competencies, through training that is not available in your home country. The RANZCP expects this training position to be at a level equivalent to Australian Health Practitioner Regulation Agency (AHPRA) Level 2 supervision, to ensure you have the supervision and support necessary to achieve your learning goals and competencies. Other supervision levels will not be endorsed, as Level 1 is too restrictive for effective training, and the RANZCP will not support training at Level 3 without the oversight of an accredited training program.  
Your employer in Australia will need to complete the [Employer Declaration](#) included as Appendix B of this application form and return it to you **prior** to you submitting your application to the College. to you submitting your application to the College.
2. Apply to the Australian Medical Council (AMC) for [primary source verification](#) of your qualifications, as required by the Medical Board of Australia (MBA) when granting medical registration.
3. Apply to the RANZCP for SST endorsement *at least three (3) months prior to the commencement date of your proposed training*, by submitting the following documents by email to [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org)
  - a. This application form, completed and signed
  - b. Confirmation of [payment](#) (see Section 6)
  - c. The [Employer Declaration](#) (Appendix B) signed by your employer in Australia
  - d. Relevant MBA forms, completed and signed:
    - i. [Application for assessment by a medical college \(AAMC-30\)](#)
    - ii. [Supervised practice plan and principal supervisor's agreement for IMGs with limited or provisional registration - SPPA-30](#)  
*(include supporting documents if applicable, for example, if your supervised practice plan is not directly included within the SPPA-30 form)*
  - e. A detailed position description for your proposed employment in Australia
  - f. A detailed training program to be undertaken in Australia
  - g. Your [Curriculum Vitae](#), detailing psychiatric experience and dates of work in psychiatry (using the template supplied in Appendix A)
  - h. A statement from the specialist college/body that will award your specialist psychiatry qualification, or with whom you are a trainee, in your country of training, confirming your active participation in a specialist training program,  
OR
  - i. Certified copies of your specialist qualification(s) in your home country.
4. RANZCP staff will verify that your application documentation is complete and correct, following receipt of the full application fee.
5. Your completed application is presented to the RANZCP Branch Training Committee (BTC) that oversees the jurisdiction in which your proposed training will take place, to confirm that the position you have been offered is suitable for your proposed training program. The BTC then make a recommendation for or against endorsement.

*Continued next page*

### **Application process continued**

6. Your application, and the recommendation of the BTC, are considered by the RANZCP Committee for Specialist International Medical Graduate Education (CSIMGE), for decision.

Where necessary, the CSIMGE may request, in writing, clarification from you relating to:

- a. your previous training and experiences,
- b. the proposed training program in Australia,
- c. the purpose of undertaking this training,
- d. any other information the CSIMGE considers to be relevant

The CSIMGE may, with your consent (see Section 4), contact relevant parties to confirm your suitability for SST endorsement.

7. The CSIMGE determines one of three possible outcomes for your application:

- **The Specialist Specified Training is endorsed by the RANZCP**

*Your endorsed AAMC-30 is forwarded by the RANZCP directly to the Australian Health Practitioners Regulation Agency (AHPRA). Copies are also emailed to you and the health service in Australia.*

*RANZCP involvement in your training ends at this point. You should liaise with the health service and with AHPRA for the duration of your training.*

- **The RANZCP does not endorse the Specialist Specified Training**

*Your application may be unsuccessful for a number of reasons, including, but not limited to:*

- *A lack of evidence that your proposed training is not available in your home country*
- *You have significant prior experience in the area of expertise identified in your proposed training program*
- *You do not have the minimum training and experience required to safely perform the duties of your role*
- *Your intention in undertaking the proposed training does not align with the purpose of RANZCP Specialist Specified Training (for example, the purpose of your training plan indicates an intention to move to a pathway to RANZCP Fellowship)*

The CSIMGE may, where appropriate, advise you to consider other pathways to obtaining medical registration in Australia to undertake your desired training, such as the RANZCP Specialist Pathway to Fellowship, or the RANZCP Fellowship Program for trainees.

- **The outcome of your application is deferred**

*The CSIMGE may determine that your SST program requires minor adjustments in order to adequately cover your identified learning goals.*

- *You will be advised to revise the training program with your Australian employer*
- *If your employer agrees to deliver the revised training program at the same health service and in the same role, resubmit the SST program to be assessed as part of the same application.*
- *If revising your training program requires you to change employment, the existing application will be determined to be unsuccessful and you will need to submit a new application including the full application fee.*

You will receive written notification of the outcome within approximately 14 days of the CSIMGE reaching a decision.

*(See 'Resubmission or re-application following an unsuccessful assessment' below)*

*If you believe the outcome is not correct, refer to the [Appeals and complaints](#) page of the College website for information about the RANZCP appeals process.*

### **Re-application following an unsuccessful assessment**

If your application is unsuccessful, re-application for a new SST endorsement is not permitted without the approval of the CSIMGE.

If you are seeking endorsement for training in Australia in order to fulfil the requirements of the specialist training program you are undertaking in your home country, you will be given the opportunity to address any issues with your proposed training program or employment that may be identified by the CSIMGE, allowing you and your employer to revise and make necessary changes to your training objectives and your position in Australia. As outlined above, if only minor adjustments to your training are required, these may be assessed as part of the same application, otherwise a new application may be submitted.

*Continued next page*

### ***Re-application following an unsuccessful assessment (continued)***

In circumstances where the CSIMGE have determined that your learning goals may not be adequately supported in the position you have been offered, you may be advised to secure a new role that can provide the necessary training before you re-apply. Where there are concerns that you do not yet have the skills and experience to undertake your proposed training program, you may be permitted to re-apply when you have completed further training.

If the CSIMGE have determined your application does not align with the purpose of RANZCP SST endorsement, you will not be permitted to reapply. This may occur when your proposed training could be undertaken in your home country, or when you have previous experience in the areas of expertise defined in your learning goals, or when you have indicated an intention to pursue Fellowship of the RANZCP. In these situations, you are advised to consider alternative pathways to obtaining medical registration in Australia to undertake your proposed training.

Any re-application permitted by the CSIMGE will be treated as a new application, with the full application fee payable, even if the new SST program is substantially the same as your original application.

### ***Changes to your endorsed SST***

#### ***Changes to your employment conditions or training program***

SST endorsement and your medical registration is restricted to the specific employment conditions and training program described in your application. You must seek approval from the RANZCP and the MBA prior to changing any aspect of your endorsed SST. Changes to your employment conditions include:

- adding or removing any of the locations at which you work and undertake your training program
- a change to your role, including increased or decreased responsibilities
- ceasing employment
- accepting a role with a new employer

*If you are no longer working in the designated training position originally approved by the MBA, you are unable to comply with the requirements of your medical registration and cannot practice medicine in Australia until the MBA approves a change of circumstances.*

#### ***Extending the endorsement period***

The duration of the SST program you submit at the time of application will determine the period of endorsement granted. Extensions will only be considered where the CSIMGE supports an adjustment to your training program, or where you can provide satisfactory evidence of a change in circumstances that has delayed your training (for example, if you or a close family member experience a significant illness, or if your employer is unable to deliver the training within the endorsed period).

The maximum period of endorsement that the RANZCP may grant for an SST program is twenty-four (24) months, aligning with MBA guidelines. Beyond twenty-four months, the MBA may require you to demonstrate progress towards general or specialist registration. As Specialist Specified Training is not a pathway to RANZCP Fellowship, you cannot meet this requirement during your endorsement period. While the CSIMGE may consider an extension to the period of endorsement of your SST beyond twenty-four months for the reasons described above, you should make yourself familiar with the different pathways to obtaining medical registration to determine the most appropriate way to complete your training.

It is important to remember that an extension of the period of endorsement for your SST, be it less than or beyond the maximum period of twenty-four months, will not be approved if you do not provide a valid reason to continue your training. When the period of endorsement ends, you will no longer be able to work or train in Australia, and you should carefully consider your options prior to applying for an extension.

#### ***Applying to extend your endorsement period***

To extend your period of endorsement up to twenty-four (24) months, you should submit your application for extension **at least three months** prior to the end of your existing endorsement period, providing all supporting documentation identified in the [Application Checklist](#) (see section 1), including three nominated referees meeting the criteria listed in [Appendix C](#).

Your application will be assessed using the same process and criteria as a new application.

If you have reached twenty-four months of endorsement and wish to extend further, email [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org) for advice on seeking CSIMGE consideration.

#### ***Grace period***

If the CSIMGE does not approve an extension to your SST, a grace period of three (3) months may be added to your existing endorsement period to provide an opportunity for you to complete your training, finalise your employment, return to your home country, or explore alternative pathways to medical registration in Australia.

## Section 1: Application Checklist

The following documents must be submitted together with this application form, by email to [singehelp@ranzcp.org](mailto:singehelp@ranzcp.org). The RANZCP will forward your documentation to the Australian Health Practitioners Regulation Agency (AHPRA) once your application has been assessed.

Your application will not be processed until all documentation has been received.

It is important to note that only the listed documents will be considered, and any document that has not been requested will be securely destroyed without being assessed.

### Do not submit:

- duplicate copies – we cannot guarantee the latest version will be assessed
- original documents – you should submit certified copies and retain originals
- documents that are not on this checklist – these will be securely destroyed without being assessed.

All information received as part of your application will be held and used by the College in accordance with the RANZCP [Privacy Policy](#).

### Supporting documents for NEW Specialist Specified Training endorsement

- ☐ Completed Specialist Specified Training Application Form (Sections 2 – 6 of this form)
- ☐ Confirmation of payment of the application fee (see Section 6)
- ☐ Curriculum Vitae (must be completed on the form provided at Appendix A of this form)
- ☐ A declaration from your employer in Australia (see Appendix B of this form)
- ☐ A detailed position description for your proposed employment in Australia
- ☐ A detailed training program to be undertaken in Australia
- ☐ MBA [Application for assessment by a medical college \(AAMC-30\)](#) form
- ☐ MBA [Supervised practice plan and principal supervisor's agreement for IMGs with limited or provisional registration - SPPA-30](#) form
- ☐ A statement from the specialist college/body that will award your specialist psychiatry qualification, or with whom you are a trainee, in your country of training, confirming your active participation in a specialist training program,  
OR
- ☐ Certified copies of your specialist qualification(s) in your home country.
- ☐ If applicable, supporting documentation relating to changing your name, your [Personal Declaration](#), or your professional good standing.

### Supporting documents to EXTEND an existing Specialist Specified Training endorsement

- ☐ Completed Specialist Specified Training Application Form (this form)
- ☐ Confirmation of payment of the application fee (see Section 6)
- ☐ Curriculum Vitae (must be completed on the form provided at Appendix A of this form)
- ☐ A declaration from your employer in Australia (see Appendix B of this form)
- ☐ A detailed position description for your proposed employment in Australia
- ☐ A detailed training program to be undertaken in Australia
- ☐ MBA [Application for assessment by a medical college \(AAMC-30\)](#) form
- ☐ MBA [Supervised practice plan and principal supervisor's agreement for IMGs with limited or provisional registration - SPPA-30](#) form
- ☐ A statement from the specialist college/body that will award your specialist psychiatry qualification, or with whom you are a trainee, in your country of training, confirming your active participation in a specialist training program,  
OR
- ☐ Certified copies of your specialist qualification(s) in your home country.
- ☐ Names and contact details (including email addresses) of three (3) current referees to confirm clinical expertise, including a current Clinical Supervisor, and a Director of Clinical Service / Unit Head (see Appendix C of this form)
- ☐ If applicable, supporting documentation relating to changing your name, your [Personal Declaration](#), or your professional good standing.



## Section 2: Applicant details

*To be completed by the applicant – third party applications will not be accepted.*

## Section 2: Applicant details

*To be completed by the applicant – third party applications will not be accepted.*

Given names			
Surname			
Are these the same names used on all attached documents?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, clearly explain the reason for the difference	<div></div> <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 the SST endorsement.</i></p>		
Gender	<div><input type="checkbox"/> Woman</div> <div><input type="checkbox"/> Non-binary / gender diverse</div> <div><input type="checkbox"/> My gender isn't listed, I identify as:</div> <div><input type="checkbox"/> Man</div> <div><input type="checkbox"/> Prefer not to say</div>		
Telephone		Date of birth	
Residential address	<div></div>		
Email (private)			
Email (work)			
Current appointment			
Employing Health Service and address <i>(in home country)</i>	<div></div>		
Contact name <i>(at health service)</i>			
Contact email		Contact telephone	

### Section 3: Training history

#### Specialist training and qualification

**Are you currently actively participating in a specialist training program?**

*The MBA requires evidence that you are in the final two years of training for a specialist qualification with an overseas specialist college or institution, or evidence that you have attained an international specialist qualification.*

☐ Yes, I am actively participating in the last two years of training for the following specialist psychiatry qualification

☐ No, I have completed my specialist training and have attained the following specialist psychiatry qualification

**Qualification awarded**

**Institution name**

**Institution address**  
(including country)

**Contact name**  
(at training institution)

**Contact email**

**Contact telephone**

**Date commenced**

**Years remaining**  
(or date complete)

**Is your application for SST endorsement linked to a requirement of this program?**

☐ Yes

☐ No

#### Training experiences

*Briefly describe the content of your Mental Health training program, including clinical experiences in different areas of psychiatric practice and participation in supervision*



***Training experiences (continued)***

#### Section 4: Specialist Specified Training (SST) details

A position description, a detailed training program, and a declaration from your proposed employer (see Appendix B), must be submitted with your application. You must also submit Medical Board of Australia (MBA) [AAMC-30](#) and [SPPA-30](#) forms with all relevant sections completed

##### ***Proposed employment in Australia***

**Position title**

**Role and responsibilities**

*(provide a brief description of the duties of this position)*

**Employing Health Service and address**

*(in Australia)*

**Contact name**

*(at Health Service)*

**Contact email**

**Contact telephone**

**Work location(s)**

*(provide full location details, as well as the average number of hours per week that will be spent in training at each location)*

##### ***Endorsement period***

**Start date**

**End date**

***Purpose of training***

**Describe the specific training or learning outcomes you expect to gain in Australia**

**Which aspects of this training are not available in your home country?**

**Describe how this training will benefit psychiatric practice in your home country?**

## Section 5: Personal declaration

The purpose of this declaration is to establish key factors relating to your suitability for SST endorsement, and to allow verification where required. You must mark 'True' or 'False' for each statement listed under 'Good standing' and 'Undertaking' below, then sign and date the declaration. Any statement not explicitly marked 'True' may be considered to be false.

### Good standing

You may, at your discretion, attach documentation outlining relevant circumstances if any of the 'Good Standing' statements are false. In doing so, you give consent to the RANZCP to seek independent information or opinion on any matters put forward, by contacting parties considered likely to assist in confirming these matters.

1.	My name has not been and is not subject to report, nor consideration by, or removal from any Medical Register in any country because of misconduct in a professional sense or for any incapacity, nor have I ever been refused registration for such reasons.	<input type="checkbox"/> True <input type="checkbox"/> False
2.	My name has not been and is neither subject to report to, nor consideration by a Health Care Complaints Commission (or equivalent body) in any country because of alleged incompetence, incapacity, or misconduct.	<input type="checkbox"/> True <input type="checkbox"/> False
3.	I have no objection to written or telephone reports being obtained from my referees and from relevant Directors of Medical Services/Psychiatrists/Training coordinators, for use by the Committee for Specialist IMG Education or other relevant Committees.	<input type="checkbox"/> True <input type="checkbox"/> False
Are you submitting any additional documentation outlining circumstances relating to any of the above being false?		<input type="checkbox"/> Yes <input type="checkbox"/> No

### Undertaking

4.	I have no objection to my contact details being provided to the local Directors of Training (where relevant) who may be able to provide support.	<input type="checkbox"/> True <input type="checkbox"/> False
5.	I undertake to abide by the rules and requirements of the RANZCP if this application is successful, in particular the RANZCP <a href="#">Code of Conduct</a> and <a href="#">Code of Ethics</a> .	<input type="checkbox"/> True <input type="checkbox"/> False
6.	I declare that I will be undertaking training or obtaining experience in Australia that is not available in my country of training, for a short period.	<input type="checkbox"/> True <input type="checkbox"/> False
7.	It is my intention to return to my home country at the completion of this training program.	<input type="checkbox"/> True <input type="checkbox"/> False

<b>Your signature</b>			
<b>Print your name</b>		<b>Date signed</b>	

## Section 6: Payment

Your application will be processed only on receipt of the full application fee, which must be paid by electronic funds transfer (EFT) or credit card. For applicants wishing to pay by credit card, please phone RANZCP Accounts Receivable on +61 3 9236 9152 to provide your payment details over the phone and note the application type and fee amount for processing. The fee quoted includes GST and is payable in AUD or NZD, as appropriate.

<b>Applicant name</b>	
<b>Payment amount</b>	<b>\$1,311.00</b>
<b>Applicant signature</b>	

### Electronic funds transfer (EFT)

Please attach the receipt from your bank to confirm your payment

<b>Date of transfer</b>	
<b>Transfer to</b>	<div>Bank: Westpac Banking Corporation SWIFT code: WPACAU2S (overseas payments only) BSB: 033178 Account number: 801076 Account name: RANZCP Reference: SST – [ Your surname ]</div>

*This application form becomes a Tax Invoice once paid.  
ABN: 68 000 439 047  
RANZCP application fees are subject to GST.*

## Appendix A: Curriculum Vitae (CV)

Use this template to detail your qualifications and employment history – CVs in any other format will not be accepted or assessed.  
Your CV must not exceed three (3) pages, so you should not reformat or extend this template.

Given names			
Surname			
Telephone		Date of birth	
Residential address			
Email (private)		Email (work)	

### Primary / basic medical qualification

Qualification			
Institution name			
Institution address (including country)			
Date commenced		Date completed	

### Specialist medical qualification

Qualification			
Institution name			
Institution address (including country)			
Date commenced		Date completed (or years remaining)	

### Additional / supporting qualification

Qualification			
Institution name			
Institution address (including country)			
Date commenced		Date completed	

### Professional network

Memberships of Professional organisations	
Professional web presence (Optional) Include relevant <b>professional networking</b> profiles such as LinkedIn or Twitter / X , but <b>not</b> personal or private social media accounts (Facebook or Instagram etc.)	

<b>Curriculum Vitae (continued)</b>
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<b>Medical Registration in Australia / Aotearoa New Zealand (if applicable)</b>			
<b>Licensing body</b>		<b>Category of registration</b>	
<b>Restrictions</b>			
<b>Current commencement date</b>		<b>Expiry date</b>	
<b>Date first registered with this Authority</b>			

<b>Medical Licensure / Registration in home country</b>			
<b>Licensing body</b>		<b>Category of registration</b>	
<b>Restrictions</b>			
<b>Current commencement date</b>		<b>Expiry date</b>	
<b>Date first registered with this Authority</b>			

<b>Employment history</b>	
<i>For each position, include job title, employing health service, start and end dates, and a <b>brief</b> description of your role.</i>	
<b>Current position</b>	
<b>Previous work experience in psychiatry</b>	



**Curriculum Vitae (continued)**

**Previous work  
experience in  
psychiatry  
(continued)**

***Publications, honours, awards, and other notable professional milestones***

## Appendix B: Employer declaration – Specialist Specified Training (SST) delivery

**Candidate:** You should fill in the 'Applicant details' section then send this page to your employer in Australia.

**Employer:** Please complete and sign this form regarding the below named applicant. Once complete, return the signed form to the applicant for inclusion in their application for Specialist Specified Training endorsement.

### Applicant details

Full name			
Date of birth		Home country	

### Employer details

Full name			
Position			
Health Service			
Contact email		Contact telephone	
Position offered		Duration of employment	months
Start date		End date	

### Confirmation of facilitation of applicant's training program

Please mark 'True' or 'False' to each of the following statements:

1.	The applicant has demonstrated through interview that they have the capacity to perform the duties of the position offered in a safe and effective manner.	<input type="checkbox"/> True <input type="checkbox"/> False
2.	The position offered to and accepted by the applicant is a training position that is appropriate for their level of training and experience, and is suitable for the learning goals they have identified.	<input type="checkbox"/> True <input type="checkbox"/> False
3.	The applicant will be provided with supervision and support, that is adequate for their level of training and experience, for the duration of the training program they will undertake.	<input type="checkbox"/> True <input type="checkbox"/> False

**Please summarise your understanding of the applicant's specific training goals while in Australia, and how the position you have offered them aligns with these goals.**

--

Your signature			
Print your name		Date signed	

If you wish to discuss your response, contact RANZCP Specialist IMG Education by email to [simgehelp@ranzcp.org](mailto:simgehelp@ranzcp.org).

## Appendix C: Nominated Referees

A minimum of three (3) referees are required for applications for an **extension of an existing SST endorsement** only.

If you are already working in Australia your referees must be Fellows of the College (FRANZCP) or RANZCP accredited supervisors.

### Referee 1

**A current clinical supervisor(s) who has worked with you for at least three (3) months.**

*(If your current supervisor has worked with you for less than three months, nominate the most recent supervisor who meets the three-month minimum.)*

Full name			
Dates supervised		Qualifications	
Position			
Health Service <i>(include address)</i>			
Email address			

### Referee 2

**A Director of Clinical Service / Unit Head**

Full name			
Dates supervised		Qualifications	
Position			
Health Service <i>(include address)</i>			
Email address			

### Referee 3

**A senior psychiatrist, or a non-psychiatric clinician who has had clinical contact with you for a minimum of six (6) months**

*(An example of a non-psychiatric clinician may be a senior multi-disciplinary team clinician / team leader)*

Full name			
Dates supervised		Qualifications	
Position			
Health Service <i>(include address)</i>			
Email address			

- Referees will receive one reminder only from the College. It is your responsibility to ensure your referees respond.
- Your application will NOT proceed if any referee reports are missing.
- The College may seek additional specified referees to clarify issues arising from the assessment.

## Appendix D: Branch Training Committee (BTC) recommendation

To be completed by the local Branch Training Committee

### Recommendation on the suitability of Specialist Specified Training (SST)

In the assessment of the preceding application for Specialist Specified Training (SST) endorsement, the Committee for Specialist International Medical Graduate Education (CSIMGE) seeks the recommendation of the local Branch Training Committee (BTC) to confirm the suitability of the training and supervision proposed by the applicant and their employing health service in Australia.

The CSIMGE will then advise the Medical Board of Australia (MBA) that, based on the information provided in this application, and on advice from the local BTC, the training program / position is, or is not, endorsed by the RANZCP.

The BTC is asked to review the information provided to determine if it satisfies the requirements of the MBA [Registration Standard: Limited registration for post graduate training or supervised practice](#)

Having considered the Medical Board of Australia (MBA) requirements for short-term training in a specialty position, namely:

- a. that the position the applicant is applying for is a *genuine training position*<sup>1</sup> that is appropriate for the applicant's training requirements, taking into consideration their reported level of training and experience, and
- b. that there is adequate supervision and support for the applicant's level of training and experience, as set out in the MBA [Guidelines – Supervised practice for international medical graduates](#),

the \_\_\_\_\_ Branch Training Committee recommends that the RANZCP

☐ **grants endorsement** for the Specialist Specified Training described in this application

☐ **does not endorse** the Specialist Specified Training described in this application\*

**\*If endorsement is not recommended, please provide further information to be forwarded to the MBA**

<b>Signed</b>		<b>Date</b>	
<b>BTC Chair or delegate name</b>			

<sup>1</sup> Genuine training position means that the Australian training position that the applicant has applied for is a training position accredited by an AMC accredited specialist medical college or is a formal structured training position which consists of formal assessment processes and mechanisms for measuring learning outcomes. The training position is not primarily a service position.