



## ITP/ELECTIVE TRAINING SUPERVISOR RESIGNATION

I, \_\_\_\_\_ hereby notify the relevant Regional/New Zealand Training Accreditation Committee and the College that I wish to resign my position as Training Supervisor at the following hospital: \_\_\_\_\_

I will cease to supervise ITP/Elective trainees as of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## Successor

In consultation with other Fellows and the relevant Program Co-ordinator, it has been decided that I will be succeeded as ITP/Elective Training Supervisor by:

\_\_\_\_\_

Effective from:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

## DRANZCOG

I am not currently a DRANZCOG Training Supervisor

**OR**

I am also a DRANZCOG Training Supervisor and:

I will continue to supervise DRANZCOG trainees

I am also resigning my position as DRANZCOG Training Supervisor as of:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Signed:

Date:

**Please fax the completed form to:**

RANZCOG Training Services Department; Fax: +61 3 9419 7817, who will forward it to the relevant Regional/NZ TA Committee for consideration and ratification.

**IMPORTANT NOTE:** The new Training Supervisor appointment is not official until it is approved by the relevant TA Committee.