



The Royal Australian and New Zealand College of Obstetricians
and Gynaecologists

ACN 005 474 733

ABN 42 005 474 733

**Application for Occupational Training Visa
FORM A**

THIS FORM IS FOR USE BY THE **EMPLOYER**

This form must be completed as part of the College's approval process for OTVs . Applications and payment must be received at College House at least 3 weeks prior to the date the approval is required.

Please note: Incomplete applications will be returned with a request to provide missing documentation

THIS WILL DELAY THE APPLICATION PROCESS

Please forward this form **with** payment directly to Training Services at RANZCOG, 254-260 Albert St, East Melbourne, VIC 3002.

IMPORTANT NOTE: Practitioners who are permanent residents or who hold a permanent spousal visa are NOT eligible for an OTV.

Section One - Hospital Details

NAME OF HOSPITAL: _____
ADDRESS OF HOSPITAL: _____

Postcode: _____
CONTACT PERSON: _____ TEL: () _____
APPLICANT: _____
POSITION SUPERVISOR: _____
POSITION APPLIED FOR: _____
DATES OF EMPLOYMENT: ____/____/____ to ____/____/____

Section Two - Documentation checklist (Please attach relevant documentation)

1. Photocopy of the newspaper advertisement of position.
(The photocopy must show the date of the issue in which the advertisement appeared)
2. Position Description
3. Details of training program including:
 - Name of approved supervisor/s
 - Training timetable
 - Statement indicating that the applicant will attend and participate in any appropriate professional development opportunities available within the training period
 - Brief description of the objective/s of the proposed training and how the applicant's performance/progress will be evaluated at the end of his/her appointment
4. OTV applicant's completed form (Form B)
5. \$649 (inc. GST) application fee - credit card payment details on the back of this form

Section Three

1. Declaration

If we were to appoint Dr _____, we can give an assurance that we would not be excluding any of the College's trainees and potential trainees from such a position, as we have found none who are able to fulfil the requirements of this position.

SIGNATURE: _____

NAME (PLEASE PRINT): _____

POSITION: _____

DATE: ____/____/____

OFFICE USE ONLY

Comments _____

APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
Date: ____/____/____	
Signed: _____	
Chair, Training Accreditation Committee of _____ (insert name of state)	

APPROVED <input type="checkbox"/>	NOT APPROVED <input type="checkbox"/>
Date: ____/____/____	
Signed: _____	
Chair, College Training Accreditation Committee	

Section Four - Payment

Payment can be made either by cheque made payable to "RANZCOG", or by credit card (see below)

TAX INVOICE ABN 34 100 268 969
This document becomes a Tax invoice for GST when payment received

Card type:	Visacard	Mastercard
Cardholder's name:	-----	
Card Expiry Date: (_____/_____)	
Card number:	_____	_____
Amount paid: \$AUD	_____	Signature: _____