



The Royal Australian and New Zealand College of Obstetricians  
and Gynaecologists

ACN 005 474 733

**Application for Occupational Training Visa Approval**  
**FORM B**

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

This form and the accompanying documentation must be submitted to the College together with FORM A (completed by the employer).

Please note that incomplete applications will be returned with a request to provide missing documentation.

**THIS WILL DELAY THE APPLICATION PROCESS**

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

**Section One - Personal Details**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

TEL (WORK): (\_\_\_\_) \_\_\_\_\_

TEL (HOME): (\_\_\_\_) \_\_\_\_\_

MOBILE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

POSITION APPLIED FOR: \_\_\_\_\_

POSITION SUPERVISOR: \_\_\_\_\_

DATES OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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HAVE YOU BEEN REGISTERED WITH THE MEDICAL BOARD IN THE RELEVANT STATE?

(TICK APPROPRIATE BOX):

YES     NO     PENDING

**Please Turn Over**

HAVE YOU PREVIOUSLY HELD AN OTV POSITION? (TICK APPROPRIATE BOX):

YES       NO

IF YES, PLEASE COMPLETE THE FOLLOWING:

PREVIOUS OTV POSITION: \_\_\_\_\_

WHERE THE POSITION WAS HELD: \_\_\_\_\_

DURATION OF EMPLOYMENT: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

## Section Two - Documentation checklist

***Please ensure the following documents are included in the application- incomplete applications will be returned***

1.  Comprehensive curriculum vitae (including full details of all training and work experience)
2.  Certified copy of primary medical degree
3.  Certificate of good standing (e.g. letter from Medical Council or equivalent in country of origin dated less than six months ago)
4.  Certificates of membership of appropriate medical bodies
5.  Brief summary of why you wish to undertake the position applied for and what you hope to achieve through this training opportunity

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### CERTIFICATION OF DOCUMENTATION

#### Only certified copies of documentation will be accepted

A Justice of the Peace, a Notary Public or a medical practitioner can certify a photocopy as being a true copy of the original document. A person certifying documents should sight the original document, print their name and address on the photocopy, and stamp, sign and date it.

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## Section Three - Declaration

I, Dr \_\_\_\_\_ declare that the information provided with this application is true and correct.

SIGNATURE: \_\_\_\_\_

NAME (PLEASE PRINT): \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_