



## DRANZCOG Advanced (second 6 months) Application Form

Please use this form **ONLY** if you have completed the DRANZCOG and you are applying for the second 6-months DRANZCOG Advanced

**FORM MUST BE SUBMITTED AT LEAST 4 WEEKS PRIOR TO COMMENCING TRAINING**

**SEND TO:** Diploma Administration Officer, RANZCOG  
254-260 Albert St, East Melbourne, VIC 3002  
+61 3 9412 2911 [kgoodwin@ranzcof.edu.au](mailto:kgoodwin@ranzcof.edu.au)

This form **WILL NOT** be processed if it is incomplete or you have not attached the required documents

This form must be submitted along with the following documentation:

- 2 certified passport photos
- DRANZCOG Advanced second 6-months training fee \$190.00 AUD—see page 2
- Your CV, including details of recent obstetric practice
- Your completed DRANZCOG logbook
- Evidence of completion of continuing education (CE) points

(If you recently passed the DRANZCOG, you may not yet be a registered Diplomate of the College or your points triennium may not yet have started.)

### QUALIFICATION AND LEVEL OF EXPERIENCE REQUIRED

Candidates for the DRANZCOG Advanced (second 6-months) training program must have successfully completed the DRANZCOG program, including passing the Written and Oral Examinations and having their logbook approved by the relevant State Reference Committee Chair.

Doctors who have achieved the DRANZCOG, or its equivalent, and wish to undertake the **second six months** to qualify for the DRANZCOG ADVANCED, need to show evidence of a continuing interest in obstetrics and gynaecology. Doctors will need to provide documentation of all deliveries done since obtaining the DRANZCOG and show commitment to practising obstetrics. Evidence of completion of the continuing education (CE) points requirement in the Women's Reproductive Health area will also be required.

There is no time limit between completing the DRANZCOG and undertaking the second six months of training for the DRANZCOG ADVANCED, provided this is approved by the Chair of the relevant State Reference Committee.

### LOGBOOK AND EXAMINATIONS

Once you are registered as a DRANZCOG ADVANCED trainee, you will be sent your DRANZCOG Advanced logbook. Completion of the logbook and 5 case studies is an essential assessment requirement. The logbook is NOT available on the College website.

## DRANZCOG Advanced (second 6 months) Registration Form 2010

ID Number:

RACGP ID Number (If Applicable)

Surname: \_\_\_\_\_

Given Name (s): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Male

Female

**Current Qualifications:**

Degree: \_\_\_\_\_ Year completed: \_\_\_\_ Institution: \_\_\_\_\_

**Period of DRANZCOG Advanced Training** (please list exact dates eg: dd/mm/yyyy)

From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Accredited DRANZCOG Advanced Training Site:** *Note: Check site is accredited for this training. See list in the DRANZCOG handbook available at: <http://www.ranzcog.edu.au/trainees/diploma-trainees.shtml>*

Hospital: \_\_\_\_\_ State: \_\_\_\_\_

**DRANZCOG Advanced Training Supervisors - TWO supervisors are required for DRANZCOG Advanced**

**Specialist Obstetrician Training Supervisor - i.e. Fellow of RANZCOG** (contact phone number is essential)

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**GP Obstetrician Training Supervisor** (contact phone number is essential)

Full Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### Postal Address

(If different to current address given to College, indicate date from which you will be at this address: \_\_\_\_/\_\_\_\_/\_\_\_\_)

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Work Address

Hospital: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

I would like all RANZCOG correspondence forwarded to my:  Postal Address  Work Address

**Home Telephone Number:**

Please include area code (and country code if outside Australia)

Phone: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

**Work Telephone Number:**

Please include area code (and country code if outside Australia)

Phone: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_@\_\_\_\_\_

### **Trainee Declaration**

- I have gained a training position at the above named accredited DRANZCOG Advanced training hospital and I am applying for Prospective Approval of training.
- I acknowledge that if any of the above information changes during my training year, it is my responsibility to notify the College immediately

**TRAINEE SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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**RANZCOG OFFICE USE ONLY:**

The trainee has included the following information with this application form:

- Training fee \$190.00 AUD
- 2 certified passport photos
- A copy of current CV detailing recent Obstetrics Practice
- DRANZCOG logbook
- Evidence of continuing education points (if possible)

The trainee passed the DRANZCOG Written Examination on: \_\_\_\_/\_\_\_\_/\_\_\_\_

The trainee passed the DRANZCOG Oral Examination on: \_\_\_\_/\_\_\_\_/\_\_\_\_

The trainee has registered and is already a Diplomat of the College? Yes / No

Comments: \_\_\_\_\_  
\_\_\_\_\_

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**APPROVAL SECTION FOR CHAIRMAN OF THE STATE REFERENCE COMMITTEE**

Based on the information provided in this application, the proposed training is:

- APPROVED**                       **NOT APPROVED**

SRC CHAIR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SRC CHAIR Name: \_\_\_\_\_

Title: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

<b>Application Form Received:</b> Mailroom Date Stamp
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<b>Training Fees Processed:</b> Accounts Use Only
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<b>Training Logbook sent:</b>
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**DRANZCOG ADVANCED SECOND 6-MONTHS TRAINING FEE PAYMENT DETAILS 2010**

**I have attached a cheque/money order for payment of the DRANZCOG Advanced training fee**  
(Please make cheques payable to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists)

**Please debit my credit card for payment of the DRANZCOG Advanced training fee**

Card type:                                       Visa                                       Mastercard

Name on card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_

Amount Paid: **\$ AUD 190.00**                                      Signature: \_\_\_\_\_



## Privacy Policy

### Contact Information

Dear Doctor,

From time to time the College may pass on contact information of College Members without seeking express consent. The College has recently voted to support Member Advantage Pty Ltd to provide information relating to a range of services in which you may be interested. Please be assured that the College will take all reasonable steps to ensure that the personal information provided by it to other parties will be protected from misuse and loss. Please return the following at your earliest convenience.

'I agree that the College may share my personal information with other organisations where the College deems it to be of interest and/or benefit to me, but where the purpose may not be directly related to my professional practice.'

Yes  No

Trainee Signature: \_\_\_\_\_

Name: (PLEASE PRINT) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_