

**Prospective Approval Form for Research-Based Elective Training
Years 5 - 6**



FORMS A & B PLUS PAYMENT MUST BE SUBMITTED 8 WEEKS PRIOR TO THE COMMENCEMENT OF YOUR TRAINING TO YOUR REGIONAL/NZ TA OFFICE. Do NOT send to College House.

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:

- Payment of Training Register Fee* - See page 4
- Copy of current Medical Board Registration*
- Letter from hospital confirming appointment*
**Required to be submitted EVERY year of your training*

- A **late fee** will be charged for payment received **after 31 January** of the year of training
- Failure to pay the Training Register Fee by **31 March** of the year of training will result in your removal from the training register until fees (including a reinstatement fee) are paid

This form must include the following details:

- Exact training dates, indicating full-time or part-time
- Year of training
- Name of research supervisor
- Signed trainee statement
- Weekly timetable
- Name of hospital/institutions
- Signed principal research supervisor statement
- Title of research project

Detailed Research Proposal - including all of the following details:

1. Title of research project
2. Name of principal Training Supervisor
3. Name of co-supervisors
4. Name of co-investigators
5. Details of the role and involvement of the trainee in the research project
6. The number of hours spent in clinical activities
7. The number of hours spent in research activities
8. Timeline of research activities to be completed in the training period being applied for
9. Objectives and hypothesis of research project (200 words maximum)
10. Background to research project, including literature review (500 words maximum)
11. Project summary, including methods of research, study design, selection criteria, data collection, statistical analysis (500 words maximum)

PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION

Surname _____ Given Name (s) _____
State/NZ _____

1. I will be training towards FRANZCOG in 200_____

- Complete the remainder of this form. Submit payment and required documents.

2. I will NOT be training for part/all of 200__ but wish to remain on the register of trainees.

Maternity leave: From: ____/____/____ To: ____/____/____
Other leave: From: ____/____/____ To: ____/____/____ Leave type: _____

- Complete the remainder of this form as appropriate. Submit payment* and required documents. Please contact the College four weeks before you recommence training to verify your training status and request a Prospective Approval Form for the following year. This form only covers training/leave time for the specified training year. *If you will be training for less than 6 months, you are only required to pay 50% of the annual training fee.

3. I will not be training in 200__ and wish to be deleted from the register of trainees.

Maternity leave: From: ____/____/____ To: ____/____/____
Other leave: From: ____/____/____ To: ____/____/____ Leave type: _____

- Do not submit payment. You will not receive the ANZJOG or O&G publications, or any other contact from the College. Please contact the College four weeks before you recommence training in order to request a Prospective Approval Form for the following year. This form only covers training/leave time for the specified training year.

4. I do not wish to continue my training with the RANZCOG and request that I be removed permanently from the RANZCOG training program.

Signature: _____ Date: ____/____/____

Year of Elective Training 5 6

Period of Training (please list exact dates eg: dd/mm/yyyy) From: ____/____/____ To: ____/____/____

Full-Time Part-Time - Hrs per week ____ Pro Rata Months ____

Elective Training Program

Hospital 1 _____ Training Supervisor 1 _____

Indicate number of months in this rotation: 6 months 12 months Other ____

Hospital 2 _____ Training Supervisor 2 _____

Indicate number of months in this rotation: 6 months Other ____

Rural Training: Elective trainees are reminded that if they have not yet done their compulsory 6-month rural rotation during their ITP, they must do it during Elective training.

Fellowship cannot be granted if this requirement is not met

Statement From the Trainee

I _____ understand that if my application for the research-based Elective training is approved, I have the following responsibilities:

- To inform, in writing, the Principal Research Training Supervisor, the relevant Regional/NZ TA Committee Chair and College House of any deviations from the title, aim, hypothesis or my role in the research
- I must meet with my Research Training Supervisor to complete mid-semester reports at three and nine months of training
- I must meet with my Research Training Supervisor to complete six-monthly reports at six and twelve months of training
- I must provide my Research Training Supervisor with a detailed Research Progress Report, for his/her assessment, every six months. This report should be submitted, along with each six-monthly report, to the relevant TA Chair.

TRAINEE SIGNATURE: _____ Date: ____/____/____

Statement From the Principal Research Training Supervisor

I _____ am willing to act as the Principal Research Training Supervisor for the above-named trainee. I have read the research proposal of the trainee and can confirm the nature of the research-based Elective training to be undertaken and the role of the trainee in this Research project. I understand that as the training supervisor of a trainee completing a period of elective training:

- I must complete a compulsory mid-semester report for the trainee, at three and nine months of training, and meet with him/her to discuss and sign the report
- I must complete a compulsory six-monthly report for the trainee, at six and twelve months of training. The trainee must submit a detailed research progress report at six and twelve months and I must also complete the Six-Monthly Assessment of a Research Report based on this. I must meet with the trainee to discuss and sign the reports

SUPERVISOR SIGNATURE: _____ Date: ____/____/____

Declaration and Training Register Fee

- I have attached a cheque/credit card details for payment of my full annual training fee **on page 4**
(Please make cheques payable to the Royal Australian and New Zealand College of Obstetrics and Gynaecologists)
- I am applying for Prospective Approval of training to be undertaken at the above named training institution/s
- 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: ____/____/____

Trainee Registration Form Received
(Mailroom Date Stamp)

Trainee Fees Paid
(Finance Use Only)

Training Documentation Sent

APPROVAL OF RESEARCH PROPOSAL - TO BE COMPLETED BY RELEVANT REGIONAL/NZ CHAIR

Title of Research Project

1. Objectives

Objectives of study clearly described Yes Partially No

Hypothesis to be tested clearly stated Yes Partially No

If "partially" or "no" checked for any of the above, please comment:

2. Literature Review

Bibliography comprehensive but appropriately selective Yes Partially No

Key findings in literature identified Yes Partially No

Literature critically reviewed Yes Partially No

If "partially" or "no" checked for any of the above, please comment:

3. Methods

Appropriate study design outlined Yes Partially No

Appropriate methods outlined Yes Partially No

Limitations of design and methods recognized and stated Yes Partially No

Appropriate methods of statistical analysis outlined Yes Partially No

Details of selection criteria for research participants (where appropriate) Yes Partially No

If "partially" or "no" checked for any of the above, please comment:

4. Presentation

Layout easy to follow and well presented Yes Partially No

Adequate length Yes Partially No

Appropriate and correct citation of references Yes Partially No

If "partially" or "no" checked for any of the above, please comment:

5. Research Content

Does the proposal provide reasonable training in primary research techniques for the Yes No

If "partially" or "no" checked for any of the above, please comment:

The Research Proposal Is:

APPROVED

APPROVED WITH REVISIONS, AS SPECIFIED BELOW

NOT APPROVED

Comments: _____

Name: _____ Title: _____

TAC CHAIR SIGNATURE: _____ Date: ____/____/____

WEEKLY TIMETABLE

The Weekly Timetable is for recording a typical weekly timetable of activities for the type of training being completed

If there is a significant change in the training program during the training period, please indicate this by producing an additional weekly timetable for the period

Date: From ____/____/____ To ____/____/____

<u>Day of Week</u>	<u>Morning</u>	<u>Afternoon</u>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Details of On Call/After hours: _____

Training Register Form 2009**PLEASE CLEARLY PRINT THE FOLLOWING INFORMATION****Trainee Details****Surname:** _____**Date of Birth:** ____/____/____**ID Number:** _____**Given Name (s):** _____ Male Female**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:** (____) _____**Work Telephone Number:**

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

Phone: (____) _____**Mobile:** _____**Fax:** (____) _____**Personal E-mail Address - To Be Completed by Trainees in Years 2 - 6 only****DO NOT COMPLETE THIS SECTION IF YOU ARE A FIRST YEAR TRAINEE****Please note: A RANZCOG e-mail address will be allocated to all Year 1 trainees immediately. Eventually, trainees at all levels will be allocated a RANZCOG e-mail address. These addresses will be the sole e-mail address used by the College when communicating with the trainee.****Your current preferred e-mail:** _____@_____

Please indicate your preferred method of contact (eg: post/e-mail/phone)

1. _____ 2. _____ 3. _____

 I acknowledge that it is my responsibility to contact the College immediately if any of my contact details change from the information provided above.**Signature:** _____ **Date:** ____/____/____**Privacy Policy - Contact Information**

Dear Trainee

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.

"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 **Signature:** _____ **Date:** ____/____/____