

**Prospective Approval Form for Integrated Training Program (ITP)
Years 1 - 4**

**FORMS A & B PLUS FEE PAYMENT (see last page) MUST BE SUBMITTED TO YOUR REGIONAL/NZ TA OFFICE 4 WEEKS PRIOR TO THE COMMENCEMENT OF YOUR TRAINING .
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**
- Letter from hospital confirming appointment*
- Copy of current Medical Board Registration*

*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

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 ITP Training 1 2 3 4

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

From ___/___/___ To ___/___/___

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

Training In An Integrated Training Program

Name of Home/Base ITP Hospital _____

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 12 months Other _____

Hospital 3 _____ Training Supervisor 3 _____

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

Rural Training: When being assigned to a rural rotation, you must verify that it is a designated rural rotation for your ITP and that you will spend at least the required 6 months at that site.
Fellowship cannot be granted if you have not met this requirement

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: ___/___/___

Approval by Chair of the relevant Regional/NZ Training Accreditation Committee (TAC)

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

APPROVED NOT APPROVED

Full Name: _____ Title: _____

TAC CHAIR SIGNATURE: _____ Date: ___/___/___

Comments: _____

Website Access

Year 1 trainees please note: The username and password allow access to the confidential section of the College website. After the Chair has approved your application, you will receive a copy of this application form, including your username and password. If you experience difficulties with access, please contact:

mvantonder@ranzcof.edu.au

Website ID (RANZCOG Office Use Only)

Username: Ranzcog _____ Password: _____

Trainee Registration Form Received
(Mailroom Date Stamp)

Trainee Fees Paid
(Finance Use Only)

Training Documentation Sent

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:** ____/____/____