

Committee for Specialist IMG Education Specialist Specified Training (SST) Application



PART 1: DOCUMENT CHECKLIST

The following documents **MUST** be submitted together with this application form. Please send all application documents to the RANZCP **via email** and these will be forwarded onto AHPRA: Please make sure you submit all documents to avoid delays in your application being processed.

Please do not submit duplicate copies and/or unnecessary documentation. Any documentation submitted in addition to the items in this checklist, will be securely destroyed.

Application for NEW RANZCP Specialist Specified Training (SST) Endorsement	Application for EXTENSION of current RANZCP Specialist Specified Training (SST) Endorsement
<ul style="list-style-type: none"> <input type="checkbox"/> Completed Committee for Specialist IMG Education SST Application Form <input type="checkbox"/> Payment of SST Application Fee <input type="checkbox"/> Completed Medical Board of Australia Application form (AAMC-30) <input type="checkbox"/> Completed Medical Board of Australia Supervised Practice Plan & Principal Supervisor's Agreement (SPPA-30) <input type="checkbox"/> Position Description <input type="checkbox"/> Detailed Training Program <input type="checkbox"/> Curriculum Vitae <input type="checkbox"/> Confirmation statement from the overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training OR certified copies of the applicant's Specialist Qualification in their home country. 	<ul style="list-style-type: none"> <input type="checkbox"/> Completed Committee for Specialist IMG Education SST Application Form <input type="checkbox"/> Payment of SST Application Fee <input type="checkbox"/> Completed Medical Board of Australia Application form (AAMC-30) <input type="checkbox"/> Completed Medical Board of Australia Supervised Practice Plan & Principal Supervisor's Agreement (SPPA-30) <input type="checkbox"/> Position Description <input type="checkbox"/> Detailed Training Program <input type="checkbox"/> Curriculum Vitae <u>in RANZCP Specialist Specified Training CV Template</u> <input type="checkbox"/> Names and contact details (including email addresses) of three (3) current referees to confirm clinical expertise. <input type="checkbox"/> Confirmation statement from the overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training OR certified copies of the applicant's Specialist Qualification in their home country.

This application documentation and payment must be forwarded **via email to:** simgehelp@ranzcp.org

For further information, please contact Specialist IMG Education on 03 9640 0646 or simgehelp@ranzcp.org

All information received in applications will be held and used by the College in accordance with the College's Privacy Policy.

Committee for Specialist IMG Education

Specialist Specified Training (SST) Application



The Royal
Australian &
New Zealand
College of
Psychiatrists



PART 2: RANZCP APPLICANT DETAILS (to be completed by the applicant)

The Period of Endorsement must include exact dates set out as Day/Month/Year.

Name of Applicant _____

Period of Endorsement _____ Position Title _____

Position Start date _____ Position Finish date _____

Location _____

Important: The RANZCP signs off that the proposed training program is suitable but does not formally assess or supervise this training program.

PART 3: PERSONAL DECLARATION

A personal declaration is required concerning the following matters. The content of the declaration is for the purpose of establishing important issues of suitability, and allowing verification where that may be required. Response to each item, where required, must be made. By marking 'Yes', you agree with the statement.

(a) My name has not been and is not subject to report, nor consideration by, or removal from any Medical Register in any country because of misconduct in a professional sense or for any incapacity, nor have I ever been refused registration for such reasons.

Yes No

(b) My name has not been and is neither subject to report to, nor consideration by a Health Care Complaints Commission (or equivalent body) in any country because of alleged incompetence, incapacity or misconduct.

Yes No

(c) I have no objection to written or telephone reports being obtained from my referees and from relevant Directors of Medical Services/Psychiatrists/Training coordinators, for use by the Committee for Specialist IMG Education or other relevant Committees.

Yes No

If 'No' answered to any of (a), (b) or (c), you may at your discretion outline any relevant circumstances by attaching details. In so doing, you give consent to the Committee to seek independent opinion or information on any matters put forward, by contacting parties considered likely to assist that process.

(d) I have no objection to my contact details being provided to Directors of Training who may be in a position to provide support.

Yes No

(e) I undertake to abide by the rules of the institution to which I may be appointed to undertake RANZCP training, if this application is successful.

Yes No

Committee for Specialist IMG Education Specialist Specified Training (SST) Application



PART 3: PERSONAL DECLARATION (Continued)

(f) I undertake to abide by the rules and requirements of the RANZCP as they apply to exemptions candidates if this application is successful, in particular the RANZCP Code of Ethics.

Yes No

(g) I declare that I will be undertaking training or obtaining experience in Australia not available in my country of training, for a short period.

Yes No

(h) It is my intention to leave Australia at the completion of this training program.

Yes No

You must answer the following question:

What training do you expect to gain in Australia that is not available in your home country?

Signature of Applicant _____ Date _____

Committee for Specialist IMG Education

Specialist Specified Training (SST) Application



PART 4: LOCAL TRAINING COMMITTEE ADVICE TO COLLEGE (BTC)

(to be completed by the Local Training Committee)

Advice is required by the College from the Local Training Committee concerning the following matters. Response to each item, where required, must be made. By marking 'Yes', you agree with the statement. The College itself will complete *Parts F, G & H Specialist College details and signature* sections of the *Medical Board of Australia Application form* stating that, on the basis of the information provided with this application and upon advice from the relevant Local Training Committee, the training position/program is/is not suitable for the applicant.

(a) There is comprehensive documentation concerning the training plan and the nominated supervisor and evidence that the training plan is appropriate for the applicant, taking into consideration their prior training and experience.

Yes No

If 'YES' is answered for (a), the training position/plan is suitable for the applicant for the period, start date, position, and location as outlined in Part 2 of this form. (Please provide reasons below)

If 'NO' is answered for (a), the training position/plan is not suitable for the applicant. (Please provide reasons below)

Further comments:

Signature BTC Chair or delegate _____

Date _____

Committee for Specialist IMG Education Specialist Specified Training (SST) Application



PART 5: RANZCP PAYMENT DETAILS

- ❖ Applications will only proceed upon receipt of the application fee
- ❖ Payment of the full SST application fee is required regardless of whether this is a New or Extension Application.
- ❖ Fees quoted include GST and are payable in AUD or NZD, as appropriate.
- ❖ Acceptable payment methods include Cheque, Visa, MasterCard or Electronic Funds Transfer (EFT)

Electronic funds transfer may be made to:

Bank: Westpac Banking Corporation
SWIFT code: WPACAU2S (overseas payments only)
BSB: 033178
Account No: 801076
Account name: RANZCP
Reference: **SST – “Insert Surname”**

Applicant name: _____

Cheque (enclosed) <input type="checkbox"/>	EFT payment <input type="checkbox"/>
<small>(Made payable to: The Royal Australian and New Zealand College of Psychiatrists (RANZCP))</small>	

Credit Card <input type="checkbox"/>	Visa <input type="checkbox"/>
MasterCard <input type="checkbox"/>	
Card No: _____	
Expiry Date: _____	Name on card: _____
Signature: _____	Amount: \$1,182.00
This application form becomes a Tax Invoice once paid. RANZCP application fees are subject to GST	

This application documentation and payment must be forwarded **via email to:** simgehelp@ranzcp.org

For further information, please contact Specialist IMG Education on 03 9640 0646 or

simgehelp@ranzcp.org

All information received in applications will be held and used by the College in accordance with the College's Privacy Policy.