

COMMITTEE FOR SPECIALIST INTERNATIONAL MEDICAL GRADUATE EDUCATION (CSIMGE)

Readiness for Substantial Comparability Placement Declaration



Three month Workplace Orientation Sign-off Form, to be completed prior to the Substantial Comparability placement commencement.

CANDIDATE DETAILS

Name			
Email		Phone	

SUPERVISOR DETAILS

Name			
Email		Phone	

PLACEMENT INFORMATION

Health Service		Start Date	
Address			

SUPERVISOR TO COMPLETE

<i>How long have you known the candidate?</i>	<i>How long have you worked with the candidate?</i>

Please indicate the basis on which you are primarily making your assessment of the candidate

First-hand knowledge or direct observation <input type="checkbox"/>	Information from colleagues <input type="checkbox"/>	Information from other medical staff <input type="checkbox"/>	Other (please specify) <input type="checkbox"/>
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Comments:

Please outline the candidate's current clinical role and functions

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Please affirm that this role satisfactorily supports the candidate's Substantial Comparability placement.

Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Comments:

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Please affirm that the candidate's case load satisfactorily supports the Substantial Comparability placement including Case based Discussion assessments.

Yes

No

Comments:

Please describe the quality of the candidate's adaptation to psychiatric practice in Australia / New Zealand, including communication, culture, mental health legislation and workplace practice.

Please describe the candidate's communication skills, including oral and written English and record keeping.

Please affirm that the candidate has satisfactorily completed a relevant individualised program of orientation to psychiatric practice in Australia / New Zealand.

Yes

No

Comments:

SUPERVISOR DECLARATION

- I declare that I am the person named as the candidates supervisor, and that the information I have given regarding the applicant is true and correct.
- I understand that the information I have provided is held confidentially and is to be used by the RANZCP for the purposes of considering the candidate's readiness to commence substantial comparability placement in Australia/New Zealand.
- I understand that there are limitations to this confidentiality as the candidate must be given the opportunity to respond to any adverse comment. Candidates are not told who made the adverse comment, however they may be able to apply to the courts for access to references.

Signed

Date

CANDIDATE DECLARATION

- I declare that I am the person named as the candidate, and that the information given is true and correct.
- I understand that the information I have provided is held confidentially and is to be used by the RANZCP for the purposes of considering my readiness to commence substantial comparability placement in Australia/New Zealand.
- I have discussed the placement plan and workplace based assessment requirements with my supervisor, and I agree that I am ready to commence the program.

Signed

Date