



Application for training review

To be submitted by trainees required to present a training review to the Committee for Training to continue towards Fellowship.

	Please submit this form to the Training Trajectory Coordinator. Email: trajectory@ranzcp.org ; For more information regarding the training review refer to the Failure to Progress Policy and Procedure	
	Trainee name	RANZCP ID
	TRAINING REVIEW DETAILS	
Rea	ason/cause	Assessment type
	failure to commence a targeted learning program within 60 days of notification	End-of-Rotation In-Training Assessment (ITA)
	failure to achieve the mandatory Stage 2 EPAs within 36 months FTE of Stage 2 training time	Multiple Choice Questions (MCQ) Exam
	exceeded 12 calendar months of not-in-training time	Critical Essay Questions (CEQ) Exam
	exceeded 5 calendar years of break-in-training time	Modified Essay Questions (MEQ) Exam
	exceeded 13 calendar years of training in the Fellowship Program	Psychotherapy Written Case
	unable to pass (including not attempting) a summative assessment by the required timeframe as per the Progression through Training Policy (select assessment type)	Scholarly Project
	three unsuccessful attempts of the same summative assessment (including rotations) (select assessment type)	
	CHECKLIST	
	I have attached the following documentation:	
	a cover letter summarising my application, setting out the facts of my situation, providing relevant reasons for and/or any mitigating circumstances which should be considered proposed course of action outlining plan to achieve Fellowship	
	requested information from Director of Training, Branch Training Committee, supervisor or others — if no information requested from Director of Training/Branch Training Committee, provide reasoning in cover letter.	
	evidence/supporting documentation such as medical certificates, formal notice from treating practioner, bereavement notice, statutory declaration, police incident report, previous applications to the Committee for Examinations and other documents. TRAINEE DECLARATION I acknowledge that the Committee for Training reserves the right to request further information from my Director of Training, the Branch Training Committee, Committee for Examinations, my supervisor or others if necessary.	
	Information retained by the College may be provided to the Correlevant.	mmittee for Training to assist considerations if
	Trainee signature	Date