

Advanced Training Selection Notification

To be submitted by trainees and Fellows prior to commencing a Certificate of Advanced Training.

Please submit this form to the College's training team. **Email:** training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

APPLICANT DETAILS

Applicant name	<input type="text"/>	RANZCP ID	<input type="text"/>	
Status	<input type="radio"/> Stage 3 trainee	Address <input type="text"/>		
	<input type="radio"/> FRANZCP	State <input type="text"/>	Postcode <input type="text"/>	Country <input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>	
Email	<input type="text"/>			

CERTIFICATE OF ADVANCED TRAINING DETAILS

Name of Certificate	<input type="text"/>
Commencement date	<input type="text"/>
Comments	<div style="border: 1px solid #0070C0; border-radius: 15px; height: 250px; width: 100%;"></div>

Fellows who have attained Fellowship more than 6 months ago, please attach a copy of your Annual Practising Certificate or similar from the Medical Registration Board with this form.

Annual Practising Certificate attached

Applicant signature	<input type="text"/>	Date	<input type="text"/>
DOAT name	<input type="text"/>		
DOAT signature	<input type="text"/>	Date	<input type="text"/>
		RANZCP ID	<input type="text"/>