

Committee for Specialist International Medical Graduate Education (CSIMGE)

Employer support declaration form



Section 1: Applicant details				
Full name				
Email address		Phone		
Section 2: Employment details				
Position offered or current position				
Start date		End date (if applicable)		
Employment status	Full time	Part time	Full time equivalence	FTE
Health Service and address				
Employer contact and address				
Employer email				
Section 3: RANZCP accredited supervisor details				
Supervisor name				
Email address		Phone		
RANZCP 2012 Fellowship Program Supervisor	Substantial Comparability Supervisor (if applicable)			
Accreditation date		Accreditation date		
Section 4: Declaration by employer and applicant				
<p>I declare that the above-named applicant will be fully supported in their employment to meet all the assessment and additional training requirements of the Specialist Pathway to Fellowship of the Royal Australian and New Zealand College of Psychiatrists (RANZCP). This includes:</p> <ul style="list-style-type: none"> Provision by the employer of a supervisor who holds current RANZCP accreditation as a supervisor under the 2012 Fellowship Program for a Partially Comparable applicant. Provision by the employer of a supervisor who holds current RANZCP accreditation both as a Substantial Comparability supervisor and as a supervisor under the 2012 Fellowship Program for a Substantially Comparable applicant. <p>The nominated supervisor will mentor and support the applicant in their completion of the requirements of the RANZCP Specialist Pathway.</p> <p>The applicant will be provided with significant supervision and the time and support to complete the requirements of the Specialist Pathway to Fellowship of the RANZCP.</p> <p>The employer and supervisor will ensure that all relevant workplace based assessments are completed within timeframes outlined in the applicant's assessment schedule.</p> <p>The employer and supervisor will ensure that the College is informed of any incidents or changes in circumstances that may impact the applicant's progression towards Fellowship of the RANZCP.</p>				
Employer name				
Position				
Signature		Date		
Applicant name				
Signature		Date		

Please return completed form by email to simge@ranzcp.org