



Application for variation to a position description (PD)

This application is to amend a previously approved position for an SIMG's Clinical Practice Assessment (CPA) period.

You must apply directly to the Medical Board of Australia (MBA) for amendments to your medical registration.

The application form must be completed electronically (not handwritten)

Forms incorrectly completed will not be assessed.

SIMG details

First name _____

Surname _____

ANZCA ID _____

Report 1 outcome Substantially comparable Partially comparable _____

Current Hospital _____

PD application changes

Tick the changed area from the original position description

- Start and/ or end date
- Working hours (in full-time equivalent)
- Your nominated supervisor (a supervisor's agreement must accompany this application)
- Change or additional locations/sites

Change in start and / or end date

Currently approved start date _____

Currently approved end date _____

Proposed start date _____

Proposed end date _____

Reason for request _____

Change in working hours

Currently approved FTE 1.0 FTE 0.75 FTE 0.5 FTE Other _____

Proposed FTE 1.0 FTE 0.75 FTE 0.5 FTE Other _____

Reason for change _____

No change _____

Change in nominate supervisor (a supervisor's agreement must accompany this application)

Current approved supervisor _____

Proposed supervisor _____

Reason for change _____

No change _____

Change in location

Currently approved hospital site/s _____

Proposed hospital site/s _____

Reason for change _____

No change

ANZCA office use only

Reviewed by

Signature

Reviewer position

Date

Status

 Approved Approved via email Not approved

Comments
