



Interrupted training application form

This form should be completed by ANZCA trainees who wish to interrupt their training for 13 weeks or more.

Personal details

College ID

First name _____

Surname _____

Purpose of application

Please tick one of the following.

- Interrupted training Retention in interrupted training beyond 104 weeks

Dates of request

Please indicate the start and end dates of your request. The period of interruption should start on a Monday and end on a Sunday.

Start date _____ End date _____

Future training details

Please indicate where you will be resuming your training following the above period of interruption. If you are unable to provide the details of your future training, please email the details to training@anzca.edu.au when you return to training. This will ensure you have full access to the TPS.

Training site _____

Start date _____ End date _____

Reason for request

Please indicate your main reason for this request and explain your circumstances on the following page.

- | | | |
|---|--|---|
| <input type="checkbox"/> Parental leave | <input type="checkbox"/> Illness | <input type="checkbox"/> Personal leave |
| <input type="checkbox"/> Recreational leave | <input type="checkbox"/> Study for exam | <input type="checkbox"/> No position |
| <input type="checkbox"/> Exceeded other clinical time limit | <input type="checkbox"/> Exceeded training site accreditation duration | <input type="checkbox"/> Other |

Reason for request (continued)

Declaration of trainee

I solemnly declare that the statements made in this application are true and accurate.

Signature _____ Date _____

Acknowledgement by supervisor of training

Do you support this request?

Yes No

Please provide a reason

SOT name _____

Signature _____ Date _____

Please send your completed form to the college:

ANZCA Training
Email: assessor-requests@anzca.edu.au

For further information, please email or contact us at +61 3 9510 6299.