

Training site description

This form is for training sites not accredited for training by the faculty or another medical college.

Details of training sites that are not accredited for training

Name of training site _____

Suburb/City _____

State _____

Country _____

Postcode _____

Name of placement supervisor _____

Email _____

Phone _____

Characteristics of position *(To be completed by the placement supervisor)*

What percentage of the role will provide supervised experience? _____

What percentage of the role will be in research? _____

(If a research project is undertaken documentation such as ethics committee or research proposal listing the trainee as a named investigator must be submitted with the PDS proposal.)

Which medical specialists are involved in the proposed training site?

Name	Specialty	Qualification

Which allied health groups are involved in the proposed training site?

Allied health group	Number
Nursing	
Psychology	
Physical therapy	
Occupational therapy	
Other (please describe)	

What is the approximate case load of the training site?

How often are multidisciplinary case conferences undertaken?

How often does the training site schedule educational sessions for all staff?

Please outline levels of supervision available in and out of hours:

How will this placement assist the trainee in the transition to working as a specialist pain medicine physician?

Other information in support of the trainee's placement:
