

## **Recognition of prior learning preliminary assessment**

This form is to be used by trainees seeking an assessment of their eligibility for recognition of prior learning (RPL). The assessment will be made by the DPA assessor and you will be notified of the credits for which you are eligible. Following assessment, you will need to pay the award of RPL fee in order to receive the credits.

For more information, refer to section 10 of the ANZCA Handbook for Advanced Diving and Hyperbaric Medicine Training

Personal details										
College ID										
First name						······································		<del> </del>		
Surname										
Recognition of clinical time										
	Training Site	Start da	te	End date		Duration (weeks)	Leave taken	FTE		
	Total:									
Recognition of courses										
Course (diving, hyperbaric, advanced life support)			Date completed			Course name and location				



## **Declaration of trainee**

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

## **Supporting Documentation**

The following documents should be included with this application:

- 1. A supporting letter on original hospital letterhead that confirms the following for each term you have ticked to indicate that you wish to have assessed for RPL:
  - Dates of appointment.
  - Type of experience.
  - · Amount of leave taken.
  - Accreditation of training by relevant training body.
- 2. Evidence of course completion
- 3. For any terms with part-time training, documentation that shows:
  - Your duties comprised a minimum of 20 per cent of the commitment of a full-time trainee in the same department.
  - You participated in both in-hours and out-of-hours duties on an FTE-proportional basis.
  - You participated in the local/regional teaching on at least an FTE-proportional basis.

## Payment details

Refer to the ANZCA webpage for current training DHM Training fees. Once your application is processed, you will receive a secure payment link.

Please send your completed form to the college:

ANZCA DHM Training Education Unit PO Box 6095 Melbourne VIC 3004 Australia

For further information contact dhm@anzca.edu.au or +61 3 9510 6299.