

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:

Payment amount _____

Credit card type: Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

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.