



Part-time training application form

This form should be completed by ANZCA DHM trainees who wish to complete part-time training. Applications for part-time training must be submitted prospectively. For further information please see section 3.2.1 of the [Handbook for Advanced Diving and Hyperbaric Medicine Training](#).

Personal details

College ID

First name

Surname

Proposed part-time training details

Start date End date

Placement details should start on a Monday and end on a Sunday.

Please attach a copy of your employment contract and other relevant documentation as supporting evidence with your application

Part-time arrangements

Part-time training arrangements

What proportion of a full-time trainee's hours will you be working?

FTE

Note: This must be at least 0.2 full-time equivalent (FTE) of the commitment of a full-time trainee in the same department.

Reason for request and additional comments regarding part-time arrangements

Declaration of trainee

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

Signature Date

Confirmation by Supervisor

Do you support this request?

Yes

No

Additional comments

Supervisor _____

Signature _____ Date _____

Please send your completed form to:

ANZCA Diving and hyperbaric medicine
Email: dhm@anzca.edu.au

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