



Application for co-supervision of training

This form is to be used by trainees undertaking training in an accredited unit that does not have a diving and hyperbaric medicine (DHM) supervisor of training (SOT) (refer to handbook). Co-supervision should be coordinated between the nominated clinical supervisor from this unit and a supervisor of training from another accredited unit. This arrangement must be notified to ANZCA within four calendar weeks of training time commencing.

Trainee information

College ID

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Name _____

Training placement

Training site _____

Start date _____ End date _____

Nominated clinical supervisor

Name _____

Specialist qualification _____

Mobile _____

Email _____

Co-supervisor (must be a DHM supervisor of training)

College ID

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Name _____

Training site _____

We agree to the supervision arrangements in this application

Nominated clinical supervisor signature _____

Co-supervisor signature _____

Please send your completed form to the college:
ANZCA Diving and hyperbaric medicine
Email: dhm@anzca.edu.au

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