



## Part-time training application form

This form should be completed by ANZCA trainees who wish to complete part-time training **including PFT positions**. Applications for part-time training must be submitted prospectively. For further information please see section 3.1 of the [ANZCA Handbook for Training](#).

### Personal details

College ID

First name

Surname

### Proposed training details

Training site

Speciality (e.g., anaesthesia, intensive care)

Start date  End date

Will this application be for a PF position? Yes  No

If so, what is the predefined position ID

Placement details should start on a Monday and end on a Sunday. Please attach relevant supporting documentation with your application

### Part time arrangements

#### Part-time training arrangements

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

Note: This must be at least 0.5 full-time equivalent (FTE) of the commitment of a full-time trainee in the same department.  FTE

The part-time training fraction should be calculated using the average of both in and out of hours work to be undertaken by the trainee.

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 SOT

#### Part-time training arrangements

Will participation in both elective and emergency/acute duties be assigned on a fulltime equivalent (FTE) proportional basis?      Yes      No

Will the trainee participate in the local/regional teaching programs on at least a FTE proportional basis?      Yes      No

Can you confirm this proportion of \_\_\_\_\_ FTE is correct?      Yes      No

Additional comments

To my knowledge the details the trainee has provided in this form are true and accurate.

Supervisor \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please send your completed form and accompanying documents to:

ANZCA Training  
Email: [assessor-requests@anzca.edu.au](mailto:assessor-requests@anzca.edu.au)

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