

Part-time training application form

This form should be completed by RGA who wish to complete part-time training. Applications for part-time training must be submitted prospectively. For further information please see section 3.1.1 of the [Rural Generalist Anaesthesia Handbook for 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?

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

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 _____



ANZCA
FPM



Australian College
of Rural & Remote
Medicine



RACGP
Royal Australian College
of General Practitioners

Confirmation by Supervisor

Do you support this request?

Yes No

Additional comments

Supervisor _____

Signature _____ Date _____

Please send your completed form to:

RGA Training
Email: rga@anzca.edu.au

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