

PAEDIATRIC TRAINEE DATA SHEET

PERSONAL DETAILS:	
Name:	
Phone Number:	
Country and State you are currently residing in:	
Registration Status with AHPRA: (general, limited)	
Are you a permanent resident/citizen of Australia?	
Training level:	Basic Trainee Advanced Trainee Completed Training Overseas Trainee
TRAINING NEEDS	
If BASIC Trainee:	
Rotations completed so far: (include number of months and type)	
Rotations needed to complete basic training: (include number of months & type)	
If ADVANCED Trainee:	
Rotations completed so far: (include number of months & type)	
Rotations needed to complete basic training: (include number of months & type)	
If OVERSEAS Trained Doctor (not on the Paediatric Training Program):	
Have you been assessed through RACP?	
If YES, what was your assessment?	

(please include your letter with this application)	
Have you been granted Substantially comparable OR Partially comparable status? (please specific)	
Rotations completed so far: (include number of months and type)	
Rotations needed to complete top-up training: (include number of months, type, and level of rotations needed (registrar/senior registrar/etc))	
If COMPLETED Training:	
Rotations desired and reasons:	
POSITION PREFERENCE	
Please RANK the positions you are applying for: *Note: Please only rank positions you are interested in taking	____ BTI – Junior Registrar *Separate Application ____ BT General Paed Registrar ____ AT General Paed Registrar ____ Senior Registrar/Fellow in General Paediatrics ____ Senior Registrar/Fellow in Community Paediatrics ____ Senior Registrar/Fellow in Paediatric Rehabilitation ____ Senior Registrar/Fellow in Adolescent Medicine ____ Senior Registrar/Fellow in NICU ____ Transport Registrar NPICU
Are you applying for one of our streamed positions?	Yes / No
If Yes, which streamed position?	BTI Stream *Separate Application BT Stream AT Stream