RANZCP Application to Commence Training

Please complete, sign and include with the required attachments in your online application. Please see the checklist included in the RPTWA Application Guide for full details.

Training Program Rural Psychiatry Training WA

Chair of Branch Training Committee Dr Ben Sketcher

Chair of BTC Subcommittee for Rural Psychiatry Training WA Dr Kelly Ridley

1 PERSONAL DETAILS

Last Name

First Name

Date of Birth

Citizenship Visa Status (if applicable)

Contact number/s

Email

I am a member of the RANZCP Psychiatry Interest Forum (PIF): ☐ Yes ☐ No

2 MEDICAL REGISTRATION:

State/Territory/New Zealand

Type (e.g. general, with restrictions, conditions or limitations)

Note: If registration is with restrictions, conditions or limitations, the RANZCP will require full disclosure of the nature of the conditions, and will review the information provided on a case by case basis to determine the applicant's suitability.

Date of Registration

Registration Number

3 QUALIFYING MEDICAL DEGREE

Medical Degree

(University and year of Graduation)

Country

Postgraduate Qualifications

If medical degree is not from Australia or New Zealand, have you completed AMC or NZREX exam?

AMC Examinations (both MCQ and Clinical)	☐ Yes	☐ No
AMC National Competent Authority Assessment	☐ Yes	☐ No
NZREX Clinical	☐ Yes	☐ No

4 SPECIAL CONSIDERATION

Please detail any existing physical disability or medical conditions which may affect your ability to perform as a Trainee Psychiatrist and thus require special consideration or support.

5 OTHER INFORMATION

a. Please provide details of any current or previous applications you have submitted to Psychiatry Training Programs or other Specialist Medical Training Programs in Australia/ New Zealand. *The RANZCP BTC reserves the right to contact RANZCP programs previously applied to.*

b. Please identify if you have previously been enrolled in the RANZCP Training Program:

☐ Yes (please attach the training record, if available)

☐ Yes, the BTC may contact the College to request training record and relevant documentation in accordance with the Privacy Policy

c. Do you have (or can you arrange) a driver's licence? ☐ Yes ☐ No
(A licence facilitates participation in the community psychiatry and other training requirements but is not mandatory.)

d. Do you wish to pursue part-time training (the minimum is half time) ☐ Yes ☐ No

e. Would you be able to do full time training at any stage? ☐ Yes ☐ No

6 DECLARATION OF APPLICANT

TO BE ELIGIBLE FOR ENTRY TO THE TRAINING PROGRAM YOU MUST HAVE FULL MEDICAL REGISTRATION, (OR PROVISIONAL GENERAL REGISTRATION- NEW ZEALAND ONLY) WHICH WOULD ALLOW YOU TO WORK AND TRAIN FOR THE DURATION OF THE TRAINING PROGRAM.

YOUR MEDICAL REGISTRATION MUST NOT BE SUBJECT TO ANY CONDITIONS, LIMITATIONS OR RESTRICTIONS.

The content of this declaration will be used for the purpose of establishing important issues of suitability and allowing verification where required in relation to entry into the Training Program. Response to each item must be made.

(a) Have you, or anyone in your employ, been subject to any investigation by or faced any form of disciplinary action by an Authority, in any country?

☐ Yes ☐ No

(b) Is or has your name been subject to report, consideration by, or removal from any Medical Register in any country because of misconduct in a professional sense, any incapacity or have you ever been refused registration for such reasons?

☐ Yes ☐ No

(c) Is or has your name been subject to consideration, or report to a Regulatory Authority (or equivalent body), e.g. Health Care Complaints Commission, in any country, because of an alleged incompetence, incapacity or misconduct?

☐ Yes ☐ No

(d) Do you have any objections to written or telephone reports being obtained from your referees and from relevant Directors of Medical Services/Psychiatrists/Training Co-ordinators, for use by the Selection Subcommittee or Branch Training Committee?

☐ Yes ☐ No

(e) Are you aware of any health conditions which may interfere with your ability to perform the requirements and demands of the Training Program or doing on call?

☐ Yes ☐ No

(f) Do you have a health condition that may require the employer to provide you with services or facilities (e.g. adjustments) so that you can successfully carry out the requirements and demands of the Training Program?

☐ Yes ☐ No

Any adjustments you may require must be discussed with the relevant workplace organisations.

If you have marked 'Yes' to any of the above, please provide an outline of any relevant circumstances or facts for the consideration of the Branch Training Committee. The Branch Training Committee reserves the right to seek independent opinion or information on any matters put forward, by contacting parties considered likely to assist that process.

I undertake to abide by the rules and requirements of the RANZCP as they apply to trainees (including Targeted Learning requirements) if this application is successful, in particular the RANZCP Code of Ethics.

I will advise the RANZCP of any changes to my medical registration within 14 days of this occurring.

I have no knowledge of circumstances that would prevent my commencement of training on the date specified upon allocation of placement.

I will not misrepresent my position, qualification, or title, and will be aware that the use of the term 'psychiatrist' is only to be used appropriately by Fellows or those who genuinely hold the specialist qualification.

I solemnly declare that the information provided in this application and in all future communication with the RANZCP is true and accurate and understand that the making of a false statement may lead to exclusion from training.

_____ _____

Signature of Applicant Date