

**APPLICATION FOR APPOINTMENT TO  
VICTORIAN MICROBIOLOGY TRAINING PROGRAM - 2018**

**DO NOT CHANGE ANY PART OF THIS FORM. JUST FILL IN THE SPACE IN THE BOXES  
PROVIDED**

All applicants must have a qualification which allows them to be registered in Victoria.

**NEW APPLICANT** - Registrars wishing to enter the scheme for the first time

**PERSONAL DETAILS**

Surname	First Name	Middle Name (if any)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender	DOB dd/mm/yy
<input type="text"/>	<input type="text"/>

**POSTAL ADDRESS**

Street	Suburb/Town	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Country**

Home Phone No	Mobile Phone No
<input type="text"/>	<input type="text"/>

**Email address**

**PROFESSIONAL ADDRESS**

<input type="text"/>
<input type="text"/>

Phone (BH)	Fax
<input type="text"/>	<input type="text"/>

**Current Appointment**

**Alternate contact if expecting to be elsewhere during period July to mid-August 2017**

**Citizenship/Visa details**

Are you an Australian or NZ Citizen or Permanent Resident? If YES, please specify	
If NO, please give citizenship and current visa details	

**For Australian/New Zealand Medical Graduates:**

Medical School Attended	
Year of Graduation	
Medical Registration details (which State or Territory, type of registration)	

**OR**

**For Overseas Trained Medical Graduates:**

Medical School Attended	
Year of Graduation	
Details of Pathology Qualification (if any)	
AMC Certification Details	
Assessment of Overseas Specialists Report by RCPA	
APHRA Medical Registration Details	

**Past Experience**

No of Years Post Graduate Clinical Experience	
Past Experience in Microbiology	
Past Experience in other Medical Disciplines	
Post-Graduate Exam Successes	
Post-Graduate Degrees	

**Referees**

Name, full professional mailing address, phone numbers, fax number and email address of three referees. One referee must be a current supervisor. It is the candidates' responsibility to ensure the referee provides a written report and is available to give a verbal report if required.

**Referee No 1 (must be current Supervisor if you are RCPA trainee)**

Surname	First Name	Current Appointment

**Professional Address**


Work Phone Number	Mobile Phone Number

Fax Number	Email address

**Referee No 2**

Surname	First Name	Current Appointment

**Professional Address**


Work Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>

Fax Number	Email address
<input type="text"/>	<input type="text"/>

**Referee No 3**

Surname	First Name	Current Appointment
<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Address
<input type="text"/>
<input type="text"/>

Work Phone Number	Mobile Phone Number
<input type="text"/>	<input type="text"/>

Fax Number	Email address
<input type="text"/>	<input type="text"/>

**Applicant's preferences**

Please number **ALL** institutions, in order of your preference. Applications that do not rank all eligible sites will be returned to the applicant for resubmission.

Please note: As this is a matching process it is the candidates' responsibility to make the necessary enquires to determine the suitability of each site for the trainees training progress.

Alfred Hospital Pathology Service	
Austin Pathology	
Australian Clinical Labs - Clayton	
Dorevitch Pathology, Heidelberg	
Dorevitch Pathology, Western Hospital	
Melbourne Pathology	
MHSPS Royal Melbourne Hospital	
Monash Pathology	
St John of God Pathology – Ryrie Street	
St Vincent's Hospital Melbourne	
Victorian Infectious Diseases reference Lab VIDRL	
W & CH and Royal Children's Hospital	

## PROCEDURES TO BE FOLLOWED BY APPLICANT

### CHECKLIST – SUBMISSION of DOCUMENTS

1. Application form
2. Covering letter (optional)
3. Curriculum Vitae (structured CV must be strictly adhered to, document VMTP-2D) with a photograph
4. You must ensure 3 referees have separately sent Referee Reports (document VMTP-2E)
5. Copies of Medical Board registration and Qualifications
6. **For overseas trained doctors:** All AMC certificates or documentation and Assessment of Overseas Trained Specialists Report by RCPA
7. **For citizens of countries other than Australia and New Zealand:** Residency status documentation

Please submit applications electronically **ONLY** to:

Aleen Nazaretian  
Administrative Assistant, Victorian Anatomical Pathology Training Program  
The Royal College of Pathologists of Australasia  
Email: [aleen.nazaretian@rcpa.edu.au](mailto:aleen.nazaretian@rcpa.edu.au)

**Applications close 28th July 2017**

**APPLICANTS ARE REMINDED THAT THEY WILL NOT BE CONSIDERED FOR SELECTION TO THE TRAINING PROGRAM IF THEY FAIL TO STRICTLY ADHERE TO THE ABOVE PROCEDURES.**

**DOCUMENTARY EVIDENCE ON OFFICIAL LETTERHEADS WITH CONFIRMATORY SIGNATURES WILL ONLY BE CONSIDERED.**

**PLEASE NUMBER ALL INSTITUTIONS**

**YOU WILL BE NOTIFIED BY EMAIL WHEN ALL REFEREE REPORTS HAVE BEEN RECEIVED  
IT IS YOUR RESPONSIBILITY TO ENSURE ALL RELEVANT DOCUMENTATION HAS BEEN SENT.  
THE VICTORIAN MICROBIOLOGY TRAINING PROGRAM ACCEPTS NO RESPONSIBILITY FOR INCOMPLETE DOCUMENTATION RECEIVED.**

Interviews will be held Wed 16th August 2017. You will be notified if you are to attend an interview and your allocated time. If you have any queries concerning the appointment process contact Aleen Nazaretian on [aleen.nazaretian@rcpa.edu.au](mailto:aleen.nazaretian@rcpa.edu.au)

### APPLICANT'S DECLARATION

If appointed I agree to observe all hospital by-laws, regulations and rules.

NAME	DATE
<input type="text"/>	<input type="text"/>