

**ANNUAL REGISTRATION AND NOTIFICATION  
OF SUPERVISED TRAINING 2020  
FACULTY OF CLINICAL FORENSIC MEDICINE**

*This form must reach the College **by Friday 14 February 2020***

*Applications received after the due date will attract a late fee as per the 2018 Fee Schedule.*

***If an application has not been received by 30 April, your RCPA record will be marked as “withdrawn” and a fee will be required for reinstatement. Incomplete applications will not be processed. Trainees should ensure that their training laboratory is accredited by the College.***

**Please print clearly.**

LAST NAME: \_\_\_\_\_ MEMBER ID NO: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

PREFERRED MAILING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

MOBILE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin, or Māori descent?

No  Yes, Aboriginal  Yes, Torres Strait Islander  Yes, Māori descent

For persons of both Aboriginal and Torres Strait Islander origin, mark both “yes” boxes.

**DEFERMENT OF TRAINING OR EXTENDED LEAVE**

*If you intend to defer training or take extended leave at any time during the next 12 months, please provide details, reason and anticipated dates:*

\_\_\_\_\_

\_\_\_\_\_

*If you intend to take leave for the full 12 months, it is recommended that you continue to receive College mailings and web access by the payment of a “Mailing and Deferment Fee” as per the fee schedule. This will ensure that you can re-enrol for training without additional fees.*

**Which year of training are you commencing? (Please tick)**

2       3       4       5       6       7

**Did you undertake 12 months of approved training last year (2018)?**

Yes       No       If NO, please provide details:

\_\_\_\_\_

**INTENDED TRAINING IN 2019**

\_\_\_\_\_

MAIN INSTITUTION: \_\_\_\_\_

ADDRESS (Main): (Please specify your department and give the correct work address)

\_\_\_\_\_

\_\_\_\_\_

POSTCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

FULL TIME       or      PART TIME  .....hours per week

**SUPERVISOR:** \_\_\_\_\_

Title                      First Name                      Last Name

POSITION: \_\_\_\_\_ PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**OTHER SITES ON ROTATION:** \_\_\_\_\_

\_\_\_\_\_

**PROSPECTIVE TRAINING OR RESEARCH PROGRAM**

*Please attach your Prospective Training or Research program for the year. The Program should be devised by the Supervisor in conjunction with the Trainee and should include the specific objectives for the year, taking into account any special needs (eg. exam preparation, remediation or rotation for experience/EPA exposure not provided by at the site). Trainees should discuss any specific issues with their Supervisor.*

**The training or program should include the items listed below. The program should be a concise summary of activities developed specifically for the applicant. It should be accompanied by a weekly or monthly timetable of activities.**

- 1. Brief overview of the site/service and its networks**
- 2. Planned exposure to relevant experience:** *EPAs to be addressed in the ensuing year; any rotations to other sites. If previous difficulties, what specific outcomes or achievements have been determined, eg goals for the development of a specific skill set.*
- 3. Specific responsibilities relevant to level of skill and experience:** *Eg. Entrustment levels achieved in various EPAs.*
- 4. Additional external experiences:** *Eg: arrangements to receive specific EPA exposure in services/sites which are not provided by the main institution.*
- 5. Intended participation in projects or research:**
- 6. Educational program:** *List regular activities, eg weekly journal club, departmental administrative or patient care meetings, as well as planned attendance at conferences or seminars. Please attach a weekly or monthly timetable of activities.*
- 7. Teaching and presentation activities:** *Responsibilities for, eg. tutorials to medical students, conference papers and departmental presentations.*

*If you are unable to provide a Prospective Program, please state below the reason why and advise when it will be provided. If this program is not received by the end of the current year the College may not be able to accredit that year of training.*

## **SUPERVISION**

This is to confirm that I, \_\_\_\_\_, have agreed to act as Supervisor  
(Please print full name)

for the period from \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Day Mth Year Day Mth Year

I am prepared to fulfil the responsibilities laid down by the College.  
For further information, please refer to the following link: [Training-with-the-RCPA](#)

I have developed the attached Prospective Training Program with the Trainee.

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Trainee: \_\_\_\_\_ Date: \_\_\_\_\_

## **PRIVACY AND CONFIDENTIALITY**

*Any personal information you provide is strictly confidential to the College. However, in the course of your training it may be necessary for the College to provide your contact details and information about your progress or examination performance to College committees and Fellows of the College who are involved with supervision and training. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your training progress and examination performance. The College will manage your personal information in accordance with its Privacy Policy. If you would like to access any information we hold about you or obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858.*

## CHECKLIST

Have you

1. Checked that your place of employment is accredited for training in Clinical Forensic Medicine and for the number of years you will have worked there? Yes
  2. Included your annual registration fee as per enclosed Fee Schedule? Yes   
*Payment may be made by cheque or by current credit card (please check expiry date) on the enclosed Payment Authorisation form. You must keep a copy for your records. A tax invoice/receipt will be sent in due course*
  3. Included your prospective Training Program with timetable activities? Yes   
Further details of the training position or the Prospective Program may be requested
  4. Included your Supervisor Report for 2019, unless previously sent? Yes
  5. Kept a copy of this form for your Training Portfolio? Yes
- Please notify the College in writing of any change to your contact details, training position or supervisor during the year. An email to [bea@rcpa.edu.au](mailto:bea@rcpa.edu.au) is acceptable. Alternatively, as an RCPA Member you can log on to the College website and update your contact details.
- This application, including fee and Prospective Training Program, must reach the College by **Friday 14 February 2020**.
- All other applications submitted after the due date must include a late fee as per the College fee schedule.

**Please send in the completed forms by post.**

**Postal Address:**

**BEA – Board of Education and Assessment Office  
The Royal College of Pathologists Australasia  
207 Albion Street, Surry Hills  
NSW 2010 Australia**

**Please make sure you have completed every section and have included all required documents. Incomplete Applications will not be processed. Faxed Applications will not be accepted.**

**Thank you**

**RCPA Member ID:** \_\_\_\_\_

<b>Office Use Only:</b>	Payment correct:	<input type="checkbox"/>	AUD \$ _____
Paid by:	Cheque	<input type="checkbox"/>	Money Order <input type="checkbox"/>
			Current Credit Card <input type="checkbox"/>
	Entered	<input type="checkbox"/>	

**Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrar:** \_\_\_\_\_ Training Program