

## ANNUAL REGISTRATION AND NOTIFICATION OF SUPERVISED TRAINING 2020

*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 2020 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***If an application has not been received by 30 April, your RCPA record will be marked as “withdrawn” and a fee will be required for reinstatement.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: \_\_\_\_\_ RCPA ID: \_\_\_\_\_

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

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

\_\_\_\_\_

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

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

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

### 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: Please be advised annual training fee is not refundable for late submission of deferment request.*

\_\_\_\_\_

\_\_\_\_\_

*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 “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 pathology training last year (2019)?**

Yes  No  If NO, please provide details:

\_\_\_\_\_

**Have you completed the College’s requirement for 12 months aggregate employment in a totally separate organisation yet? (ie. completed a total of 12 months of rotations to other labs)**

Yes  No

## INTENDED TRAINING IN 2020

DISCIPLINE: \_\_\_\_\_

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

IS THIS INSTITUTION: Public  Private

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

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Lab: \_\_\_\_\_ Duration: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Public  Private

Lab: \_\_\_\_\_ Duration: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Public  Private

Lab: \_\_\_\_\_ Duration: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Public  Private

## 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 (e.g. exam preparation, remediation or rotation for experience not provided by the laboratory). Trainees should refer to the discipline checklist in the curriculum / trainee handbook and discuss any specific issues with their Supervisor.*

**The training or research 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.**

- Brief overview of the laboratory and its networks**
- Planned exposure to relevant experience:** *Including major aspects of the discipline, or test groups, to be covered in the ensuing year; any standard rotations to other laboratories within a group. If previous difficulties, what specific outcomes or achievements have been determined, eg goals for the development of a specific skill set.*
- Specific responsibilities relevant to level of skill and experience:** *Eg: Checking laboratory reports; liaising with clinicians; quality control of assays; trialling of new methods.*
- Additional external experiences:** *Eg: arrangements to receive specific experience in services which are not provided by the laboratory.*

**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.*

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**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.*

**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/ Research Program with the Trainee.

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

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

**PLEASE FORWARD THIS FORM TO THE COLLEGE WITH THE FOLLOWING (please tick as included):**

1. Have you checked that your laboratory is accredited for training in your discipline and for the number of years you will have worked there? Yes
2. Have you spent 4 years in the one training organisation No  Yes   
*If YES, please see the College's rotation policy in the Trainee Handbook.*
3. 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.*
4. Prospective Training/Research Program with timetable of activities is attached. Yes   
*Further details of the training position or the Prospective Program may be requested.*
5. Supervisor's report for 2019 is attached unless previously sent Yes

Have you kept a copy of this form?

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 to;***

***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.***

<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"/>	
<b>Administrator:</b>	_____	<b>Date:</b>	_____
<b>Registrar:</b>	_____	Training Program	<input type="checkbox"/>