

**APPLICATION FOR APPOINTMENT TO
VICTORIAN MICROBIOLOGY TRAINING PROGRAM - 2020**

**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 2019

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

Have you practised medicine in last 24 months YES/NO	
If NO, provide details of when last worked*	
No of Years Post Graduate Clinical Experience	
Past Experience in Microbiology*	
No of years of accredited laboratory training	
Past Experience in other Medical Disciplines	
No of years of RACP (e.g. ID) training	
Post-Graduate Degrees	

*Attach documents if there is insufficient space

Referees

Name, full professional mailing address, phone numbers, fax number and email address of two referees. For RCPA/RACP trainees 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 most current Supervisor preferably within last 24 months)

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

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Fax Number

Email address

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Referee No 3

Surname

First Name

Current Appointment

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Professional Address

Work Phone Number

Mobile Phone Number

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Fax Number

Email address

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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 (N/A)	
Austin Pathology	
Australian Clinical Labs - Clayton	
Australian Clinical Labs - Geelong	
Dorevitch Pathology, Heidelberg	
Dorevitch Pathology, Western Hospital	
Melbourne Pathology	
Monash Pathology (N/A)	
Royal Melbourne Hospital	
Royal Children's Hospital (N/A)	
St Vincent's Hospital Melbourne	
Victorian Infectious Diseases Reference Lab VIDRL	

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) with a photograph
4. 2 Referee Reports
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, consider including documentation providing evidence of recent practice
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 Microbiology Training Program
The Royal College of Pathologists of Australasia
Email: aleenn@rcpa.edu.au

Applications close 2nd August 2019

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.**

CONDITION OF APPLICATION IS THE CANDIDATE AGREE TO ACCEPT THE POSITION OFFERED IMMEDIATELY AFTER COMPLETION OF INTERVIEW PROCESS

Interviews will be held Wednesday 28th August 2019. You will be notified if you are to attend an interview with your allocated time and location. If you have any queries concerning the appointment process contact Aleen Nazaretian on aleenn@rcpa.edu.au

APPLICANT'S DECLARATION

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

NAME

DATE

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