

## APPLICATION FOR INITIAL REGISTRATION 2020 ESSENTIAL INFORMATION

### CHECKLIST – SUBMISSION OF DOCUMENTS:

Please check that the following documentary evidence is attached so that your initial registration with the College can be processed.

- a) Medical registration (or dental registration for a Trainee in the Faculty of Oral Maxillofacial Pathology)
- b) Medical (dental) degrees and other qualifications
- c) Evidence of 2 years of clinical experience as an Intern or Resident Medical Officer   
The evidence will normally be a letter from the Medical Director or similar, the letter must include rotations and dates
- d) For Joint Trainees, a copy of your “Royal College Australasian College of Physicians (RACP) annual application”
- e) For Australian citizens/permanent residents whose basic primary medical qualification was not gained in Australia or New Zealand, proof of having passed the AMC assessment to work as a Doctor. N/A

Certified copies of the original certificates must be presented. Please do not send originals as the College cannot be held responsible for the custody or return of documents. For OTS/AON, **do not** include previously submitted documents. Please find the link, [Certifying - Documents](#) for certifying the copies.

### ACCREDITED LABORATORY

Have you checked that your laboratory is an RCPA accredited laboratory for your discipline and for the number of years you intend to work there?

### PROSPECTIVE TRAINING PROGRAM

Your training program should be designed with your supervisor, outlining the content and form of your proposed training program during the year. The prospective training program must be submitted with your Initial Registration and then annually or on change of employment.

Prospective training program attached

### JOINT TRAINEES WITH THE ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

Joint Haematology, Immunology & Allergy, and Endocrinology & Chemical Pathology trainees will be accredited with 12 months training for successful completion of their RACP Written and Clinical examinations.

### REQUEST FOR RETROSPECTIVE ACCREDITATION

If you wish to seek accreditation for training undertaken prior to the period of supervised training detailed on the Initial Registration form you must apply on the Retrospective Accreditation page of the form and submit supporting documentation.

You may be required to pay a full or part fee to cover any period of retrospective accreditation.

## APPLICATION FOR INITIAL REGISTRATION – 2020

For use by new Trainees, trainees with lapsed registration of over two years, and Overseas Trained Specialists (OTS) registering for training. Trainees in Joint programs must enclose a copy of their applications to The Royal Australasian College of Physicians. **Trainees are responsible** for ensuring that the laboratory is accredited by the College.

FIRST NAME: \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_

LAST NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

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

PREFERRED CONTACT ADDRESS: Home  Work

HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

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

GENDER: Male  Female  DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

NATIONALITY: \_\_\_\_\_

For Australian Trainees, are you: An Australian Citizen  A permanent resident

Other, please specify current VISA status \_\_\_\_\_

Are you of Aboriginal or Torres Strait Islander origin?

No  Yes, Aboriginal  Yes, Torres Strait Islander

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

New Zealand trainees: Iwi affiliation  No  Yes

New Zealand trainees; Indigenous Descent:  No  Yes - Please detail:

TRAINING COMMENCEMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**GENERAL MEDICAL REGISTRATION:** (Dental registration for candidates in the Faculty of Oral Pathology)

Registration Number: \_\_\_\_\_ Country, State or Territory: \_\_\_\_\_

Date of Original Medical Registration: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

Medical Registration current to: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

**DEGREES AND OTHER QUALIFICATIONS**

DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_ INSTITUTE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_ INSTITUTE: \_\_\_\_\_

DEGREE: \_\_\_\_\_ YEAR: \_\_\_\_\_ INSTITUTE: \_\_\_\_\_

OTHER (please specify): \_\_\_\_\_

**INTENDED PRIMARY TRAINING DISCIPLINE (Please tick one)**

- |                      |                          |   |                          |
|----------------------|--------------------------|---|--------------------------|
| Anatomical Pathology | <input type="checkbox"/> | Faculty of Oral Maxillofacial Pathology | <input type="checkbox"/> |
| Forensic Pathology   | <input type="checkbox"/> | Chemical Pathology                      | <input type="checkbox"/> |
| Genetic Pathology -  |                          | General Pathology                       | <input type="checkbox"/> |
| Biochemical Genetics | <input type="checkbox"/> | Haematology                             | <input type="checkbox"/> |
| Medical Genomics     | <input type="checkbox"/> | Microbiology                            | <input type="checkbox"/> |
| Immunopathology      | <input type="checkbox"/> |   |                          |

FULL TIME  PART TIME  \_\_\_\_\_ hours / week

Are you a **JOINT** Trainee? Yes  No

**TRAINING IN YEAR OF COMMENCEMENT:**

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

IS THIS INSTITUTION: Public  Private

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

\_\_\_\_\_

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

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

**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

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.**

- 1. Brief overview of the laboratory and its networks**
- 2. 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, e.g. goals for the development of a specific skill set.
- 3. Specific responsibilities relevant to level of skill and experience:** e.g: Checking laboratory reports; liaising with clinicians; quality control of assays; trialling of new methods.
- 4. Additional external experiences:** e.g.: 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, e.g. 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, e.g. 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 Month Year Day Month 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: \_\_\_\_\_

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

**APPLICATION FOR RETROSPECTIVE ACCREDITATION OF TRAINING TIME**

Application for retrospective accreditation must be made at the time of Initial Registration, with full supporting documentation (e.g. training programs, supervisors' reports and letters outlining the relevance for pathology training). If you do not apply now then retrospective accreditation may not be granted at a later date. You will be advised of the result and any payment required once approved by the relevant Chief Examiner.

Subject/Discipline: \_\_\_\_\_

Training Institution: \_\_\_\_\_

Dates: \_\_\_\_\_

Total Duration (months) \_\_\_\_\_

Documents Attached: \_\_\_\_\_

Subject/Discipline: \_\_\_\_\_

Training Institution: \_\_\_\_\_

Dates: \_\_\_\_\_

Total Duration: \_\_\_\_\_

Documents Attached: \_\_\_\_\_

**Please send in the completed forms by post.  
 Ensure you have completed all relevant information required and return them to the address below.  
 Incomplete applications will not be processed. Faxed applications will not be accepted.**

**Postal Address:**

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

<b>Office Use Only:</b>	Payment correct	<input type="checkbox"/>	\$ _____
	Cheque <input type="checkbox"/>	Money Order <input type="checkbox"/>	Current Credit Card <input type="checkbox"/>
	Laboratory accredited <input type="checkbox"/>	Member ID created: _____	
<b>Administrator:</b> _____		Entered	<input type="checkbox"/>
Current medical registration	<input type="checkbox"/>	Qualifications	<input type="checkbox"/>
Clinical experience	<input type="checkbox"/>	Prospective Training Program	<input type="checkbox"/>
Retrospective approved	<input type="checkbox"/>	Retrospective to Chief Examiner	<input type="checkbox"/>
Registrar: _____		Date: _____	