

FACULTY OF SCIENCE
APPLICATION FOR INITIAL REGISTRATION 2020
ESSENTIAL INFORMATION

CHECKLIST OF REQUIREMENTS:

A. CURRICULUM VITAE AND QUALIFICATIONS

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.

Have you attached the relevant documents?

B. 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.

Have you attached your prospective training program?

C. 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, signed by the supervisor or Head of Department from the laboratory in which the work was undertaken.

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

D. ACCREDITED LABORATORY

Have you checked that your laboratory is an RCPA-accredited laboratory for your discipline?

NB: Laboratories that are accredited for Pathology training will also be accredited for training for the Fellowship of the Faculty of Science - [RCPA Website - Laboratory Accreditation for Training page](#)

**Please ensure you have completed all relevant information required. Incomplete applications will not be processed.
Faxed applications will not be accepted.**

Please mail your application to:

Faculty of Science Administration
Royal College of Pathologists of Australasia
Durham Hall
207 Albion Street
Surry Hills NSW 2010

FACULTY OF SCIENCE
APPLICATION FOR INITIAL REGISTRATION 2020

FIRST NAME: _____ MIDDLE NAME: _____

LAST NAME: _____

HOME ADDRESS: _____

POSTCODE: _____

WORK 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 / Indigenous Descent: Please detail

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
- Chemical Pathology
- Forensic Science
- Genetic Pathology
 - Biochemical Genetics
 - Medical Genomics
- Haematology
- Immunopathology
- Microbiology

FULL TIME PART TIME _____ hours / week

TRAINING COMMENCEMENT DATE: ____/____/____
Day Month Year

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: _____

OTHER LABORATORIES ON ROTATION: _____

SUPERVISOR: _____

Title First Name Last Name

POSITION: _____ PHONE: _____

FAX: _____ EMAIL: _____

PROSPECTIVE TRAINING PROGRAM

Please attach your Prospective Training Program for the year. The Program should be devised by the Supervisor in conjunction with the Trainee and should include specific objectives for the year, taking into account any special needs (eg. exam preparation or rotation for experience not provided by the laboratory).

Please do not send lengthy generic documents. 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. If you are unable to provide a Prospective Program, please state the reason and when it will be provided.

PRIVACY AND CONFIDENTIALITY

The College is collecting your personal information (including your name, contact details and qualifications) in connection with providing you with training and further education. Any information you provide will be treated as strictly confidential by the College. However, in the course of your training it may be necessary for the College to provide your name, 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. The College may also disclose your personal information to your employer, any medical or regulatory body including disclosure overseas, if this is specifically required to be disclosed. 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, which sets out how you can access and correct personal information that we hold about you, as well as our complaints handling process. To obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858 or visit our website: www.rcpa.edu.au/Content-Library/Privacy-Policy.

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

(Please note that if the date above does not correspond with the training commencement date as stated on the previous page, the Trainee must apply for retrospective accreditation with supporting documentation – see last page).

I am prepared to fulfil the responsibilities laid down by the College.
I have developed the attached Prospective Training Program with the Trainee.

Signature of Supervisor: _____ Date: _____

Trainee Signature: _____ Date: _____

I hereby consent to the RCPA providing relevant and necessary information as above.

Signature of Applicant: _____ Date: _____

I DO NOT consent to the RCPA providing relevant and necessary information as above.

Signature of Applicant: _____ Date: _____

Office Use Only:	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:	_____
Administrator:	_____	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: _____

Application for retrospective accreditation of training & prior experience

This section allows you to detail how you have partially or completely met the Standards of The RCPA Faculty of Science Fellowship through previous training or experience. Applications for retrospective accreditation will be reviewed on a case-by-case basis.

Use the table below to demonstrate how your experience or professional qualifications meet the Faculty of Science Standards for your particular discipline. Detail of the level of competence required by the Faculty of Science can be found in the Trainee Handbook under “Outcomes” **and these should be consulted in completing this form.**

Appropriate supporting documentation must be sent with your application.

Research component

<i>Evidence/experience</i>

Clinical Laboratory component

<i>Evidence/experience</i>

Innovation, Development and Leadership component

<i>Evidence/experience</i>