

TRAINING LOCATION APPROVAL

Note: This form must be completed prospectively.

1. Registrar Name:
2. Proposed location:
3. Describe the practice type (eg predominantly hospital based clinic, private practice, AMS):
4. Work arrangements (eg hours of work, after hours arrangements, predominant location):
5. What are the contact details of employer:
6. What time fraction is the position?
7. Is the location more than 80km or one hour by road from a centre with no less than a continuous specialist service in anaesthetics, obstetrics and surgery and a fully-functional operating theatre?
If yes, go to question 8. If no, the location is probably NOT suitable.
8. Will you be the only doctor in the town?
If yes, the location may be eligible – go to question 12. If no, go to question 9.
9. How many other doctors work in the town?
10. Is there an Australian General Practice Training Program training practice in the town?
11. Please supply a letter of support from the Rural Workforce Agency and the local GP Network (Division) outlining the need for another doctor in the town.
12. Please outline the reasons for the move in training location.
13. Please outline how the move will assist in meeting your learning requirements as outlined in your learning plan.

NOTE: For registrars working with RFDS or as a DMO in the Northern Territory, the above requirements apply to all work locations. It is recommended that registrars in this situation work predominantly at one remote location.

It is important that RVTS is able to discuss your training with your employer. In order to do this, it is necessary for RVTS to obtain your consent.

I give RVTS permission to discuss my training with my employer.

Signature:

Date:

For office use only:

Move in training location: Approved / Not approved. Reason:

Signature:

Date:

Senior Medical Educator