

Application for assessment by a specialist college of an overseas-trained specialist or overseas specialist-in-training for a short-term training position in Australia

Applicant details (employer/sponsor and applicant to complete)

Family name:	
Given name/s:	
Name of overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee:	
Specialist qualification awarded (or to be awarded) by the above college/body upon completion of training:	
Specialty or training area (e.g. anaesthetics, neonatology, etc) in proposed short term training position:	
Employer (and contact details of supervisor if required):	
Authorised contact person (employer or sponsor) on behalf of the applicant for this application:	
Australian state or territory in which the training position will be located:	

Confirmation of the status of the applicant and the nature of the position and program (employer/sponsor to complete)

In requesting this assessment I/we _____ (insert employer/sponsor name and institution) confirm that the applicant:

- is an overseas-trained specialist or is an overseas specialist-in-training, having either passed the relevant specialist examinations or is no more than two years from completing specialist training in their country of training;
- will be undertaking this position (which may include such opportunities as exchange fellowships) for the purpose of training in their specialty or obtaining experience in their specialty not available in their country of training;
- has the stated intention of returning to their country of training at the end of the training program, which shall not be for a period of longer than two years.

Name: _____ Signed: _____

Institution: _____ Position: _____

Date: _____

Attachment 1

Please ensure the following documents are attached to this application (please tick):

- Position description
- Training program
- Curriculum vitae of the applicant

Outcome of the assessment (specialist college representative to complete)

On the basis of the information provided, an authorised officer of the college endorses the proposed training position and program of training as appropriate for this applicant (please tick):

- Yes
- No (please provide reasons below)

Further comments:

College: _____

Authorised officer: _____ (name)

_____ (signature)

_____ (position)

College contact for further information: _____ (name)

_____ (telephone)

Following completion of the assessment, the completed application form, along with the attached documents, should be sent to the medical board of the state or territory in which the training position is located.