



RADIATION ONCOLOGY TRAINING PROGRAM

APPLICATION FORM

This completed form including all required supporting documents must be received at The Royal Australian and New Zealand College of Radiologists (RANZCR) **within two (2) weeks** of commencement of training date. Late submission may result in unaccredited training time. Original Applications only accepted. Incomplete, E-mailed or Faxed Copies will NOT be Processed.

Return completed application form to:
Chief Censor (Radiation Oncology)
RANZCR
Level 9, 51 Drutt Street
Sydney, NSW 2000
AUSTRALIA

1. PERSONAL DETAILS (All fields under section 1 are mandatory)

FAMILY NAME: _____

FIRST NAME: _____

OTHER NAME (S): _____

DATE OF BIRTH: _____ (DD/MM/YYYY)

GENDER: MALE FEMALE

MOBILE: _____ WORK PHONE: _____

EMAIL: _____ HOME PHONE: _____



2. WORK ADDRESS AND RESIDENTIAL ADDRESS

<u>WORK ADDRESS</u>	<u>RESIDENTIAL ADDRESS</u>
DEPARTMENT: _____	STREET/PO BOX: _____
STREET/PO BOX: _____	_____
_____	_____
SUBURB: _____	SUBURB: _____
STATE: _____	STATE: _____
POSTCODE: _____	POSTCODE: _____
COUNTRY: _____	COUNTRY: _____
PREFERRED MAILING ADDRESS: <input type="checkbox"/> WORK <input type="checkbox"/> RESIDENTIAL	

3. QUALIFICATIONS

<u>MEDICAL QUALIFICATIONS</u>	<u>OTHER QUALIFICATIONS</u>
QUALIFICATION OBTAINED: _____	QUALIFICATION OBTAINED: _____
YEAR OF GRADUATION: _____	YEAR OF GRADUATION: _____
INSTITUTION: _____	INSTITUTION: _____
COUNTRY: _____	COUNTRY: _____

PLEASE ATTACH A CERTIFIED COPY OF YOUR MEDICAL DEGREE QUALIFICATION

4. MEDICAL REGISTRATION

REGISTRATION NUMBER:	_____	TYPE OF REGISTRATION:	_____
		(MUST BE GENERAL)	
STATE OR TERRITORY:	_____	COUNTRY:	_____
MEDICAL REGISTRATION CURRENT TO:	_____	DATE OF ORIGINAL MEDICAL REGISTRATION:	_____
	(DD/MM/YYYY)		(DD/MM/YYYY)

 PLEASE ATTACH A COPY OF YOUR CURRENT MEDICAL REGISTRATION

5. POSTGRADUATE TRAINING PGY 1 AND PGY 2 YEARS

PGY 1

TERM	DATE (FROM AND TO)	SPECIALTY AREA	LOCATION

PGY 2

TERM	DATE (FROM AND TO)	SPECIALTY AREA	LOCATION

 PLEASE ATTACH A COPY OF LETTERS OR CERTIFICATES OF SUCCESSFUL COMPLETION FOR THESE TWO YEARS OF TRAINING.

6. DISABILITY SUPPORT

Do you have a disability, impairment or long-term medical condition, which may affect your training? No Yes

If yes, indicate the nature of your disability: Hearing Visual Mobility Learning Medical Other

If other, please specify: _____

(This information is used in a confidential manner by the College to assist you in accessing support services as required.)

7. ETHNIC ORIGIN

Are you of Aboriginal and/or Torres Strait Islander origin? No Yes

Are you descended from a Māori (that is, did you have a Māori birth parent, grandparent, or great-grandparent, etc.)? No Yes

8. PRIVACY AND CONFIDENTIALITY STATEMENT

Your privacy is respected by the College. The College will manage your personal information in accordance with its Privacy Policy. Information regarding how the College collects and uses personal information can be found in the College's Privacy Policy, which can be accessed on the College website www.ranzcr.edu.au

9. PAYMENT OF RANZCR FEES

RANZCR Membership Subscription Fee

Trainees must maintain their financial membership status with the College during their five (5) years of training. An invoice for your membership subscription fee is attached.

Annual Training Fee

Trainees must maintain their financial trainee status with the College during their five (5) years of training. An invoice for your annual training fee is attached.

10. TRAINEE DECLARATION

- I declare the information supplied in this application and any documentation supporting it is true and complete in every respect.
- I acknowledge that the provision of false or misleading information or the omission of information relevant to this application may result in the cancellation of the application, withdrawal of an offer of membership, or cancellation of an existing membership.
- I authorise the College to verify any information provided by me.
- I understand that my application may be cancelled if I do not provide true and complete information in connection with my application, or if I make any changes to the above declaration and authority.

SIGNATURE: _____ **PRINT NAME:** _____

DATE: _____ (DD/MM/YYYY)

11. CONFIRMATION FROM HEAD OF DEPARTMENT/DIRECTOR OF TRAINING

I HEREBY CONFIRM THE APPOINTMENT AND PROPOSED COURSE OF TRAINING FOR:

TRAINEE NAME: _____

COMMENCED TRAINING AT: _____ (SITE)

TRAINING NETWORK: _____

ON: _____ (DD/MM/YYYY)

FULL TIME OR PART TIME TRAINING ARRANGEMENT? FULL TIME PART TIME

IF PART TIME, YOUR TRAINING CAPACITY: _____ (FTE)

HEAD OF DEPARTMENT / DIRECTOR OF TRAINING NAME: _____

POSITION HEAD OF DEPARTMENT DIRECTOR OF TRAINING

SIGNATURE: _____

DATE: _____ (DD/MM/YYYY)

 **PLEASE ATTACH A COPY OF YOUR LETTER OF APPOINTMENT TO A RANZCR ACCREDITED TRAINING SITE**

12. CHECKLIST

Application Forms for the Radiation Oncology Training Program will not be accepted unless **ALL** required attachments and payments are sent to the College. Before sending your application to the College have you attached the following:

- One (1) passport photo
- Certified copy of your medical degree qualification
- Copy of current medical registration
- Letters or certificates of successful completion for two (2) years of postgraduate training
- Copy of your letter of appointment to a RANZCR accredited training site
- The Trainee Compact (signed and dated, each page initialled)
- Invoice with completed payment details for payment of the annual membership subscription fee
- Invoice with completed payment details for payment of the annual training fee

PLEASE ALLOW TEN (10) WORKING DAYS FOR COLLEGE PROCESSING.



PAYMENT OF MEMBERSHIP SUBSCRIPTION FEE

(valid from 1 July 2015 to 30 June 2016)

TAX INVOICE

ABN 37 000 029 863

New Zealand GST No 69-704-050

FAMILY NAME: _____ **FIRST NAME:** _____

If you become a Student Member of the College part of the way through the **financial year**, a concessional pro rata subscription is applied.

COMMENCEMENT PERIOD	AUSTRALIA	OVERSEAS	NEW ZEALAND		
	(includes GST)	(GST Free)	Fee	GST	Amount Payable
July—September 2015 Qtr	AUD\$1,953.00	AUD\$1,775.00	AUD\$1,597.83	AUD\$75.17	AUD\$1,673.00
October—December 2015 Qtr	AUD\$1,464.00	AUD\$1,331.25	AUD\$1,198.37	AUD\$56.37	AUD\$1,254.75
January—March 2016 Qtr	AUD\$976.50	AUD\$887.50	AUD\$798.92	AUD\$37.58	AUD\$836.50
April—June 2016 Qtr	AUD\$488.25	AUD\$443.75	AUD\$399.46	AUD\$18.79	AUD\$418.25

CREDIT CARD Payments:

Please debit Visa Mastercard Diners Club American Express card for payment to the amount of **AUD\$**_____.

Card Number:

Expiry Date: /

Name on Card: _____

Cardholder's Signature: _____

CHEQUE Payments:

I enclose my cheque for payment in the amount of **AUD\$**_____.

Please note that cheques must be drawn in Australian dollars from an account within Australia. Cheques in New Zealand dollars will not be accepted.

THIS BECOMES A TAX INVOICE UPON PAYMENT.

College Use Only	
Member ID: _____	Batch No.: _____
Initial: _____	Transaction No.: _____
	Date processed: _____



PAYMENT OF ANNUAL TRAINING FEE

(valid from 1 January 2016 to 31 December 2016)

TAX INVOICE

ABN 37 000 029 863

New Zealand GST No 69-704-050

FAMILY NAME: _____ **FIRST NAME:** _____

If you become a Student Member of the College part of the way through the **calendar year**, a concessional pro rata fee is applied.

COMMENCEMENT PERIOD	AMOUNT (GST Free)
January—March 2016 Qtr	AUD\$1,515.00
April—June 2016 Qtr	AUD\$1,136.25
July—September 2016 Qtr	AUD\$757.50
October—December 2016 Qtr	AUD\$378.75

CREDIT CARD Payments:

Please debit Visa Mastercard Diners Club American Express card for payment to the amount of **AUD\$**_____.

Card Number:

Expiry Date: /

Name on Card: _____

Cardholder's Signature: _____

CHEQUE Payments:

I enclose my cheque for payment in the amount of **AUD\$**_____.

Please note that cheques must be drawn in Australian dollars from an account within Australia. Cheques in New Zealand dollars will not be accepted.

THIS BECOMES A TAX INVOICE UPON PAYMENT.

College Use Only	
Member ID: _____	Batch No.: _____
Initial: _____	Transaction No.: _____
	Date processed: _____



FACULTY OF RADIATION ONCOLOGY

TRAINEE COMPACT

The Royal Australian and New Zealand College of Radiologists (**the College**) is committed to ensuring that Radiation Oncology specialist training is undertaken in an appropriate environment and that Radiation Oncology Trainees are aware of their rights and obligations. This document sets out intentions for a Trainee undertaking specialist training in Radiation Oncology through the College.

While the primary focus of this document is to outline Trainee obligations to the College while under the training scheme, it should be remembered that the practice of Radiation Oncology is carried out in service to and for the care of patients, and the Trainee's duty of care for their patients is paramount. The Trainee's obligation to their training site / employer must also be acknowledged.

Trainees are to initial each page of the document and sign and date the last page and return to the College's registered office the original signed version of this document to be kept in the Trainee's file at the College. Trainees should retain a copy of the signed document for the duration of their training.

As a Trainee Member of the College, I understand and accept the following:

1. The broad structure of the Radiation Oncology Training Program and requirements for Trainees as set out in the Radiation Oncology Training Program Curriculum (**Curriculum**) and in specific College advice to Trainees from time to time.
2. I acknowledge that the content of the Curriculum and nature of assessments may be modified by the College. It is my responsibility to keep abreast of any changes communicated by the College.
3. In order to satisfy full Radiation Oncology training requirements I must satisfy the following requirements for Training Progression in accordance with the timelines required:
 - 3.1. Complete all assessments as required including but not limited to:
 - 3.1.1. Mini-Clinical Evaluation Exercise (**Mini-CEX**);
 - 3.1.2. Clinical Supervisor Assessments (**CSAs**);
 - 3.1.3. Director of Training (**DOT**) Assessments of Trainees;
 - 3.1.4. Trainee Assessment of Training Terms (**TATTS**);
 - 3.1.5. Multi-Source Feedback (MSF) Assessments;
 - 3.1.6. Foundation Modules and Clinical Assignments—Phase 1;
 - 3.1.7. Phase 1 Practical Oncology Experiences;
 - 3.1.8. Case Reports—Phase 2;
 - 3.1.9. Statistical Methods, evidence Appraisal and Research for Trainees (**SMART**) Program;
 - 3.1.10. Phase 1 and Phase 2 examinations; and
 - 3.1.11. any other assessments developed in parallel with modifications and updating of the Curriculum.
4. I understand the need to maintain and provide to the College documentation on my Radiation Oncology Training Program requirements and ensure my Trainee Information Management System (**TIMS**) e-Portfolio is current.

5. I acknowledge that I must fulfil all Phase 1 and Phase 2 assessments, including meeting the eligibility requirements to sit and successfully complete the Phase 1 and Phase 2 examinations within the permissible timeframes as prescribed by the *Eligibility and Outcomes of the Phase 1 Examinations in Radiation Oncology* and by the *Eligibility, Readiness to Sit and Outcomes of the Phase 2 Examinations in Radiation Oncology*.
6. I understand that the College will begin to accredit my training time only if the completed Radiation Oncology Training Program Application Form is received by the College prior to or within two (2) weeks of commencement of the training date.
7. I agree to make all applications, provide all information required by the College and pay all required fees within the time limit or deadlines stipulated by the College in respect of membership of the College and the Radiation Oncology Training Program.
8. I understand that it is my responsibility to notify the College of any amendments to my contact details to ensure they are always up to date.
9. I agree that while the College (and its agents) is my accredited educational provider they are not my employer. I acknowledge that issues relating to employment are not the responsibility of the College.
10. I acknowledge that the College cannot guarantee employment.
11. I understand that it is my responsibility to notify the College of any changes to my employment.
12. At the beginning of each rotation it is my responsibility to initiate a discussion with Directors of Training and Clinical Supervisors on the clinical and training experience available and their expectations of my performance.
13. I agree to the results of my assessments and Radiation Oncology Training Program activities being provided directly to my Director of Training and other such persons as may be required from time to time by the Chief Censor, Radiation Oncology Education and Training Committee (ETC), and Council.
14. I acknowledge and agree that all documentation or material provided to me by the College during the course of the Radiation Oncology Training Program is owned by the College, that the College has Intellectual Property rights in all documents and that I cannot therefore use them for purposes other than the Radiation Oncology Training Program without the College's prior written consent.
15. I undertake to notify the College within seven (7) days of my medical registration being withdrawn or suspended for any reason whatsoever, or conditions being placed on my medical registration, or on notification of any complaint to any medical registration authority.
16. I will remain financial and in good standing with the College and I agree to maintain this good standing for the duration of training.
17. I agree that it is my responsibility to be fully informed and aware of all the requirements of the College, particularly its rules, guidelines and policies that relate to the Radiation Oncology Training Program. It is my responsibility to familiarise myself with any changes or additions to these rules, guidelines and policies. I understand that failure to comply with these requirements, rules, guidelines and policies may result in my suspension or dismissal from the Radiation Oncology Training Program.
18. I acknowledge that if I have concerns regarding my training, it is my responsibility to discuss these with my Director of Training and to seek their guidance in resolving any concerns. Conflict resolution may be achieved outside of this relationship at a departmental, administrative, Network or College level, where necessary.
19. I understand that no variation to the rules, guidelines, policies or granting of exemptions to the Radiation Oncology Training Program requirements may occur without relevant committee approval.

20. I agree to adhere to all College policies in relation to my training and the membership of the College and to comply with all regulations and reasonable directions of the College.
21. I agree to abide by the principles contained in the RANZCR *Code of Ethics*. I understand any member who breaches the *Code* may be brought to the attention of the Board.
22. I acknowledge that I am aware of the existence and content of the College's *Interrupted and Part-time Training Policy for Radiation Oncology* and that I will notify the College of any changes which may affect my progression through the Radiation Oncology Training Program.
23. I acknowledge that I am aware of the existence and content of the College's *Consideration of Special Circumstances and Disability Policy*.
24. I acknowledge that I am aware of the existence and content of the College's *Trainee in Difficulty Policy* and agree to participate in any College review processes in relation to performance or progress.
25. I acknowledge that I am aware of the existence and content of the College's *Grievance Policy* which relates to discrimination, harassment and bullying.
26. I acknowledge that I am aware of the existence and content of the College's *Reconsideration, Review and Appeal of Decisions Policy* regarding any decision about specialist training. I acknowledge that it is to be utilised when informal procedures have not satisfactorily resolved the situation.
27. I understand that it is my responsibility throughout my training to access updates to the College policies which are available on the College website www.ranzcr.edu.au.
28. I understand that I release my Director of Training and the College (and its representatives) from all claims or liability arising from my reliance on any advice and assistance they give to me in good faith.
29. I understand that I have a responsibility to treat my Director of Training and the consultants with whom I work with respect and courtesy.

I understand and accept the conditions set out in the agreement above.

Trainee Signature: _____

Print Name: _____

Date: _____