## Certificate and Procedurataining Mentor and Supervils • RANZCOG Associate (ACAPPP) cedural

 FRANZCOG/SIMG Subspecialfy
DipRACOG RACGP or ACRRM Membership <sup>1</sup>Eligible to supervise CWH + RTaPhees <sup>2</sup>Eligible to supervise CWH + PTAPTR rainees <sup>3</sup>Eligible to supervise CWH trainees ONLY I hold a current RANZCOG Membership for the above qualification I hold a current RACGP or ACRRM Membership • I DO NOT hold a current Membership for the above qualificitivou are ineligible to applyplease contact membership@ranzcog.edu.toureinstate your membership Level of supervision approval soughpproval will be based on qualification and accreditation of training site) • CWH • PTP • APTP Years in O & G practice: Present practice: Full time Part-time Private Salaried • VMO only What medical appointments do you hol@Please specify) Do you currently serve on any medical or academic commit(pts2se specify) Name of the clinics and/or hospitals where you are requesting to supervise transfer list all, including cluster/satellite sites) • I am a staff member at this site, treating public patients

• I operate in a private capacity at this site, treating only private patients

Proposed hours of contact with trainee/s per week

• 1-5 • 5-10 •

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## I will be:

- An additional Training Supervisor at these clinics/hospitals
- Replacing an existing Training Supervisor at this facility.