

FELLOWSHIP TRAINING PROGRAM

REVIEW OF ACCREDITED TRAINING POST

PLEASE READ THIS FORM CAREFULLY

This form is to be completed if a new Candidate is placed into a currently accredited post or if there are changes to the role and/or Supervisor during the period of Accreditation.

How to Complete this Form:

- The Review of Accredited Training Post Form is an Adobe Acrobat fillable form and must be saved to your computer BEFORE you begin typing into the form. To save this form, right click on the form, click Save As, and select the destination where you would like to save it.
- It is essential that all parts of this application form are completed and that all requested documentation is included at the time of submission.
- This form must be completed and signed by the relevant representative of the setting.

Supporting Documentation

The following documentation must be included and submitted with this form:

- **Position Description**
A copy of the current position description that clearly outlines the role and duties to be performed. This should also include the breakdown in FTE of Medical Management and Non-Medical Management time fraction (e.g., 0.6 FTE Medical Management Practice and 0.4 FTE Clinical Practice).
Please Note: the minimum FTE required for a training post to be considered for accreditation is 0.5 FTE in Medical Management Practice.
- **Organisation Chart**
A copy of the current organisational structure that clearly indicates the post that is to be accredited, reporting lines, and names of staff in those positions is required.

Please send completed form and supporting documentation by email to accreditation@racma.edu.au

— FOR OFFICE USE ONLY —

Date Received

Date of Confirmation

Received by

Sent by

Signature

Signature

SECTION 1 – CURRENT DETAILS OF ACCREDITED POST

Organisation Name

Training Post Title

Time Fraction in Medical Management Practice (FTE)	0.5	0.6	0.7	0.8	0.9	1.0
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Time Fraction in Clinical Practice (FTE)	0.5	0.6	0.7	0.8	0.9	1.0
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Primary Supervisor

Secondary Supervisor

Accreditation Start Date

Accreditation Expiry Date

Conditions? Yes No If yes, please list details of conditions below:

Previous Candidate

New Candidate

New Candidate Commencement Date

SECTION 2 –DECLARATION

Health Setting to Complete

I, _____, confirm that the details above are correct and that no further changes have occurred.

OR

I, _____, would like to advise RACMA of the following changes to the currently accredited position.

Medical Management FTE

Primary Supervisor

Secondary Supervisor

Other:

Date

Signature