

# RACMA FELLOWSHIP TRAINING PROGRAM APPLICATION FORM

PLEASE READ THIS FORM CAREFULLY

## About this Form:

- This form should be used by medical practitioners in Australia or Aotearoa, New Zealand who want to apply to undertake the RACMA Fellowship Training Program
- Before completing an application:
  - review the RACMA [Entry to Training Policy](#)
  - determine that you meet the eligibility criteria as described in the [Entry to Training Policy](#)
  - review the RACMA [Privacy of Personal Information Policy](#)
  - review the [Fee Schedule](#)
- Applications including the completed application form, required supporting documentation and structured curriculum vitae should be submitted by email to [FTPapplications@racma.edu.au](mailto:FTPapplications@racma.edu.au)
- For an application to be considered it must be complete, be received before the published closing date and the application fee must have been received
- Please retain a copy of the application for your records

## For timely processing of your application please ensure that you:

Complete all sections of the RACMA Fellowship Training Program Application Form

Include a copy of your Medical Degree Qualification

Include a copy of your current Medical Registration

Include evidence of having completed a minimum of 3 years full time equivalent clinical experience involving direct patient care

Include a copy of your letter of appointment to your proposed Training Post

Include a copy of your Curriculum Vitae that contains at least the information shown in the sample provided on the [RACMA website](#)

Provide the name and contact details of 3 referees

Inform the referees that you have provided their details and they will be asked to complete a referee report

Inform the responsible person in your organisation that if your proposed Training Post is not accredited an Application for Accreditation of the Training Post must be submitted to enable consideration of your Fellowship Training Program application

If you have any questions about your application, please contact the College on +61 03 9824 4699 or email [FTPapplications@racma.edu.au](mailto:FTPapplications@racma.edu.au)

## 1. PERSONAL DETAILS

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Title

First Name

Last Name

Preferred Name

Gender

Female

Other

Male

Prefer not to say

Non-binary

Date of Birth

Post Nominals

Jurisdiction

ACT

TAS

WA

NSW

VIC

NT

QLD

SA

New Zealand

RACMA ID (if applicable)

## 2. CONTACT DETAILS

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Primary Email

Alternate Email

Mobile Phone

Work Phone

Home Address:

Address 1

Address 2

City

State/Province/Region

Postcode

Country

### 3. FIRST NATIONS IDENTITY

Please [click here](#) for further information about the questions in this section.

Information about RACMA's commitment to supporting First Nations Doctors is available on the [RACMA website](#).

<b>Do you identify as Aboriginal and/or Torres Strait islander or Māori origin or Pasifika origin?</b>	Yes	No	Prefer not to say
Yes, Aboriginal	Yes		
Yes, Torres Strait Islander	Yes		
Yes, both Aboriginal and Torres Strait Islander	Yes		
Yes, Māori	Yes		
Yes, Pasifika	Yes		

<b>If you identify as an Aboriginal and/or Torres Strait Islander, do you agree for your contact details to be provided to the Australian Indigenous Doctors' Association (AIDA) for the purposes of informing Indigenous workforce policy and engagement?</b>	Yes	No
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Any information provided to AIDA will be stored and used in accordance with AIDA's Privacy Policy. If you have any concerns or questions about AIDA's use or storage of the information provided by you, please contact [aida@aida.org.au](mailto:aida@aida.org.au)

<b>If you identify as Maori, do you agree for your contact details to be provided to Te Ohu Rata O Aotearoa (Te ORA) for the purposes of informing Māori workforce policy and engagement?</b>	Yes	No
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Any information provided to Te Ora will be stored and used in accordance with Te Ora's Privacy Policy. If you have any concerns or questions about Te Ora's use or storage of the information provided by you, please contact [teaniwa.reedy@teora.maori.nz](mailto:teaniwa.reedy@teora.maori.nz)

## 4. QUALIFICATIONS

### Primary Medical Qualification

Degree Title

Degree Abbreviation

University

Country

Graduation Year

*Please provide a copy of your Medical Degree Qualification*

### Specialist Medical Qualification

Have you completed specialist medical training with another College? Yes      No

Specialist Medical College

Training Program

Are you currently undertaking training with another Specialist Medical College? Yes      No

Specialist Medical College

Training Program

Year of commencement

## 5. MEDICAL REGISTRATION

Medical registration held	Medical Board of Australia	Medical Council of New Zealand	Other
Registration Number			
Type of Registration (please select all that apply)		General	Specialist
Date of original medical registration			
Expiry date of current medical registration or practicing certificate			
Is there any suspension, condition, restriction or undertaking imposed on your registration?		Yes	No
If yes, please provide details			

*Please provide a copy of your current medical registration*

## 6. CLINICAL EXPERIENCE

Clinical Experience Details (provide details of all your clinical experience)

From (Date)	To (Date)	Employer	Position	Total FTE	Clinical FTE	Leave (in weeks)	Duration (in weeks)

If there is not enough space in this table to provide all the required information, please create a separate document and submit with your application. The file and document should be clearly titled 'Additional Information for [applicant name]'.

I have demonstrated a minimum of 3 years full-time equivalent clinical experience involving direct patient care Yes      No

If no, please provide details

Please provide statement(s) of service or Hospital contract(s) as evidence of your most recent 3 years full-time equivalent clinical experience involving direct patient care

## 7. PERSONAL STATEMENT

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Provide a personal statement outlining your qualifications, experiences and motivations for pursuing specialty training in Medical Management and Leadership.

## 8. PROPOSED TRAINING POST DETAILS

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Organisation

Position Title

Medical Administration FTE

Line Manager Name

Line Manager Email

Training Supervisor Name

*The Training Supervisor:*

- *must be a FRACMA*
- *may also be the Line Manager*

Is the Training Post currently accredited by RACMA?  Yes  No *If no, an Application for Accreditation of the Training Post must be submitted to enable consideration of this application*

*Please provide a copy of your letter of appointment to this role*

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## 9. REFEREES

Please nominate 3 referees that best support your application.

### Referee 1

Title

First Name

Last Name

Email

Working Relationship

Current Line Manager

Previous Line Manager

Other

### Referee 2

Title

First Name

Last Name

Email

Working Relationship

Current Line Manager

Previous Line Manager

Other

### Referee 3

Title

First Name

Last Name

Email

Working Relationship

Current Line Manager

Previous Line Manager

Other

## 10. OTHER INFORMATION

Are you applying for the Fellowship Training Program to complete the SIMG assessment process?	Yes	No
Do you intend to apply for recognition of prior learning and experience (RPLE) for elements of the Fellowship Training Program?	Yes <i>If yes, a separate RPLE application must be submitted within 14 days of submitting this application</i>	No

Please provide any further information in support of your application for the Fellowship Training Program

*Please provide a copy of your structured Curriculum Vitae using the prescribed template*

## 11. PRIVACY NOTICE

RACMA will collect personal information from or about an individual applying to enter the RACMA Fellowship Training Program. RACMA is committed to maintaining the highest standards of privacy protection and complies with the requirements of the Privacy Act 1988 (Cth) (Australia) and the Privacy Act 2020 (New Zealand).

Further information about how RACMA collects, uses discloses and handles personal information is available in the [RACMA Privacy of Personal Information Policy](#).

## 12. APPLICANT DECLARATION

I,

declare that I am applying to become a Candidate member of RACMA as part of this Fellowship Training Program application

declare that the information supplied in this application and any supporting documentation is true and correct  
 acknowledge that the provision of false or misleading information or the omission of information relevant to this application may result in the cancellation of this application

understand that my application will not progress until all necessary information has been provided and the relevant fees have been paid

authorise RACMA to verify any information provided by me

authorise RACMA to contact my identified referees in relation to my application

authorise RACMA to contact my Line Manager in relation to accreditation of my proposed Training Post

Signature

Date