

# RACMA FELLOWSHIP TRAINING PROGRAM AMENDMENT TO TRAINING POST REQUEST

## PLEASE READ THIS FORM CAREFULLY

Candidates are required to be in an accredited training post under the supervision of a RACMA Fellow until the completion of their Fellowship Training Program, unless on an approved interruption to training.

Candidates must use this form to notify the College of any changes to their training post, or of an upcoming change of training post. Please refer to the Fellowship Training Program [Accreditation Standards](#) and [Accreditation of Training Posts Policy](#).

Candidates are required to inform the College of any changes to their training post. Changes may be in relation to:

- Employer contact details
- Training Supervisor
- Line Manager
- Job role, responsibilities
- Training time fraction
- Location

The College will review the changes and determine if the training post can support the training requirements, and notify you of the outcome of the request.

Candidates planning to move training post should inform the College prior to the move.

**If a Candidate does not advise the College of a change to their training post, or a change of training post this may affect time in supervised practice, training and their training completion date.**

Please send completed form and any required supporting documentation by email to [accreditation@racma.edu.au](mailto:accreditation@racma.edu.au).

The Accreditation team will contact you within 7 days to acknowledge receipt of this form.

For further information, please contact the Accreditation team [accreditation@racma.edu.au](mailto:accreditation@racma.edu.au) or phone +61 3 9824 4699 (select option 3).

## OFFICE USE ONLY

Date form received

Name

Confirmation of Receipt sent

Name

## SECTION 1: CANDIDATE DETAILS

RACMA ID

First Name

Last Name

Are you a Candidate training in the pre-2025 training program?      Yes      No

## SECTION 2: TYPE OF CHANGE REQUESTED

Change to existing accredited training post — tick all changes that apply and complete Section 3 below

Position title

Position location (same employer and position title, but different location)

Time fraction in Medical Management Practice (FTE)

Training Supervisor (must be FRACMA)

Changes to role or responsibilities

Training Post ability to meet workplace based assessment or other training requirements

## SECTION 3: DETAILS OF CHANGE TO EXISTING ACCREDITED TRAINING POST

Date Changes Commenced

### Employer Organisation Information

Organisation

First Name

Last Name

Email Contact

Phone

### Prior Training Post Information (Before Date of Notification)

Position Title

Position

Location

Time Fraction in Medical Management Practice (FTE)      0.4      0.5      0.6      0.7      0.8      0.9      1.0

#### Training Supervisor (FRACMA)

Name

Email

Phone

#### Line Manager

Name

Email

Phone

### Training Post Information Changes

Position Title

Position

Location

Time Fraction in Medical Management Practice (FTE)      0.4      0.5      0.6      0.7      0.8      0.9      1.0

#### Training Supervisor (FRACMA)

Name

Email

Phone

#### Line Manager

Name

Email

Phone

If there have been significant changes to your role or responsibilities, please provide details below:

If there have been significant changes to your training post being able to meet education requirements please provide details below:

## SECTION 4: REQUEST MOVE TO A NEW TRAINING POST

Planned Commencement Date

Is this new training post currently accredited by RACMA?      Yes      No

If no, the employer must complete the [Training Post Accreditation Application Form](#). Further information regarding the accreditation process on the [Accreditation page of the RACMA website](#). Please note that until the training post receives accreditation, your training hours at this healthcare setting cannot be guaranteed.

### Employer Organisation Information

Organisation

First Name

Last Name

Email Contact

Phone

### Training Post Information

Position Title

Position

Location

Position Type

Substantive

Registrar

Time Fraction in Medical Management Practice (FTE)

0.4

0.5

0.6

0.7

0.8

0.9

1.0

### Training Supervisor (FRACMA)

Name

Email

Phone

### Line Manager

Name

Email

Phone