

2026 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 commence the RACMA Fellowship Training Program in 2026
- Before completing an application:
 - review the RACMA [Entry to Training Policy](#)
 - determine that you meet the eligibility criteria as described in the RACMA [Entry to Training Policy](#)
 - review the RACMA [Privacy of Personal Information Policy](#)
 - review the [Fee Schedule](#)
- Applications including the completed application form, all of the required supporting documentation and a structured Curriculum Vitae should be submitted by email to ftpapplications@racma.edu.au
- Please clearly name the file of each supporting document with '[Last name_Document name]'
- For an application to be considered, it must be complete with all supporting documentation clearly named, 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 primary medical 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 (*e.g. offers of employment, statements of service from employers, Hospital or employment contracts, PGY certificates, letters of specialty training with another College*)

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 template provided on the [RACMA website](#)

Provide the name and contact details of at least 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 then a Training Post Accreditation Application Form must be submitted to enable consideration of your entry to training application

If you have any questions about your application, please contact the College on +61 03 9824 4699 (option 2) or email ftpapplications@racma.edu.au

3. FIRST NATIONS IDENTITY

We are collecting your personal information in accordance with the Privacy Act 1988, the Australian Privacy principles and the relevant privacy policy of this organisation. By providing this information you are consenting to RACMA collecting, storing and using that information for the purposes outlined below.

By responding, you will assist with the College's commitment to increase meaningful engagement with First Nations Peoples and to work towards improving the health and wellbeing of First Nations People. Your information will also help us identify our progress towards growing First Nations medical workforce, improve our support for First Nations doctors and improve our strive towards cultural safety.

The questions below are voluntary. We understand that you might not want to identify as being of First Nations origin with us at this time. If at any point you would like to change/update your response to the question, you can do so by contacting our First Nations Advisor at firstnations@racma.edu.au

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

An Aboriginal and/or Torres Strait Islander is a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community in which that person lives.

A Māori is a person from Māori descent who identifies as Māori.

A Pasifika is person who identifies with the cultures and/or language of Pacific groups (including Samoa, Tonga, the Cook Islands, Niue, Tokelau, Tuvalu and other smaller Pacific nations).

Do you identify as Aboriginal and/or Torres Strait islander or Māori origin or Pasifika origin?	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		

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?	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

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?	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

4. QUALIFICATIONS

Primary Medical Qualification

Degree Title

Country

University

Graduation Year

Degree Abbreviation

Please find attached a copy of my primary medical 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, please specify

Registration Number

Type of Registration (please select all that apply) General Specialist Practicing Non-practicing

Year 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 find attached a copy of my current medical registration

6. CLINICAL EXPERIENCE

Clinical Experience Details (please find attached details of all my clinical experience)

A	B	C	D	E	F	G	H	I
Employer	Position	From (Date)	To (Date)	Duration of position in weeks (D-C)	Weeks of leave	Duration excluding leave in weeks (E - F)	Clinical FTE	Clinical experience in weeks (G x H)
Total								

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 find attached evidence of my 3 years full-time equivalent clinical experience involving direct patient care (e.g. offers of employment, statements of service from employer, Hospital or employment contracts, PGY certificates, letters of specialty training with another College)

7. PERSONAL STATEMENT

Provide a personal statement outlining your qualifications, experiences and motivations for pursuing specialty training in medical leadership and management.

8. PROPOSED TRAINING POST DETAILS

Employer

Employer Position Title

Medical Administration FTE

Line Manager Name

Line Manager Email

Line Manager Phone

Training Supervisor Name

The Training Supervisor:

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

Training Supervisor Email

Training Supervisor Phone

Jurisdiction	ACT	NT	SA	VIC	Aotearoa, New Zealand
	NSW	QLD	TAS	WA	

Is the Training Post currently accredited by RACMA? Yes No

If no, a [Training Post Accreditation Application Form](#) must be submitted by the employing organisation, submission by the same closing date of the application period for this application form is strongly encouraged to facilitate timely processing. Candidates must be in a RACMA accredited Training Post or be in a Training Post that has been granted provisional accreditation before they can be accepted into the RACMA Fellowship Training Program.

Please find attached a copy of my letter of appointment to this role

9. REFEREES

Please nominate 3 referees that best support your application.

Referee 1

Title Dr A/Prof Prof Mr Mrs Ms Other, please specify

First Name

Last Name

Email

Phone

Relationship Current Line Manager Previous Line Manager Other, please specify

Referee 2

Title Dr A/Prof Prof Mr Mrs Ms Other, please specify

First Name

Last Name

Email

Phone

Relationship Current Line Manager Previous Line Manager Other, please specify

Referee 3

Title Dr A/Prof Prof Mr Mrs Ms Other, please specify

First Name

Last Name

Email

Phone

Relationship Current Line Manager Previous Line Manager Other, please specify

Please nominate an additional referee that can be contacted if one of the above 3 referees is unavailable.

Referee 4

Title Dr A/Prof Prof Mr Mrs Ms Other, please specify

First Name

Last Name

Email

Phone

Relationship Current Line Manager Previous Line Manager Other, please specify

10. OTHER INFORMATION

Are you applying for the Fellowship Training Program to complete the Specialist International Medical Graduate (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? *If yes, a separate [RPLE application](#) must be submitted within 14 days of submitting this application.* Yes No

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

Please find attached a copy of my structured Curriculum Vitae using the [prescribed template](#)

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](#).

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

declare that all the supporting documentation, as specified on page 1 of this application, has been provided

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 and supporting documentation 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