



AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE

FACRRM PARALLEL TRAINING PATHWAY
ENROLMENT FORM FOR GPET REGISTRARS

PERSONAL DETAILS:

Title: Prof/Dr/Mr/Ms (please specify)
First name: Preferred name (if different):
Middle name/s:
Surname:
Home address: State: Postcode:
Home telephone: Home fax:
Email: Mobile:
Date of Birth: Gender:

CURRENT PLACEMENT DETAILS:

Name of Training Provider (RTP):
Pathway: Rural Pathway [] General Pathway []
Name of Rural Training Advisor:
Name of Supervisor:
Name of Practice/Hospital:
Address: State: Postcode:
Phone No: Fax No:
Home Address: State: Postcode:
Preferred mailing address: Work [] Home []

FORMAL QUALIFICATIONS (EG MBBS), COURSES (EG EMST), CERTIFICATES (EG AVIATION MED, RADIOLOGY LICENCE):

Please list all degrees and professional qualifications and attach documentary evidence of graduation (annex details if insufficient space below):

Table with 3 columns: Name of institution, Qualification / Certificate, Year completed. Includes a pre-filled row for MBBS.

PREVIOUS TERMS UNDERTAKEN:

From mm/yy	To mm/yy	Location (eg Surgery Address, Hospital etc)	Supervisor	State	Type of Term (Basic, Adv etc)	Length of experience	
						Years	Months
TOTAL							

ADVANCED RURAL SKILLS POST (ARSP) – SPECIALTY YEAR:

Please indicate which in specialty area you *intend* to complete your ARSP:

- Anaesthetics Surgery Obstetrics & Gynaecology Population Health
 Other Details: _____
 Unsure

Where: _____

When: _____

Supervisor (if known) _____

RECOGNITION OF PRIOR LEARNING (RPL):

Are you seeking RPL for experience / qualifications other than those described above? If so, please outline.

STATEMENT:

I apply to enrol in the **ACRRM Parallel Pathway** and I declare that all information provided by me in relation to my application is true and correct. If accepted into the program, I agree to act in accordance with ACRRM's Educational Standards and Administration Procedures, including payment of any fees, levies or charges.

Signed: Date:

Applications should be sent to:

Education Program Manager
Australian College of Rural and Remote Medicine
GPO Box 2507
Brisbane, Qld, 4001

PRIVACY NOTICE:

ACRRM must comply with the Commonwealth Privacy Act, in particular, the National Privacy Principles. This notice is given under those principles. Our contact details are as contained in this document. You may have provided the personal information contained in this document previously. You may gain access to the information about you at all reasonable times by contacting our Privacy Officer. The primary purpose of collection of the information is to maintain accurate records that will allow us to contact you about relevant issues and training services. It is not usually disclosed to any other third parties. There is no legal requirement to collect this information. If all or part of the information is not provided, the main consequence is that we may not be able to assess your training application. We will not disclose this information without your prior consent.