College of Intensive Care Medicine
Of Australia and New Zealand

Application for Approval of Vocational Training in Intensive Care Medicine

The information on the form and documents you provide will be used by the College in relation to your training and will not be supplied to a third party without your consent.

PLEASE NOTE REGULATION 5.3.3: For training to be approved, registered Trainees must submit an Application for Approval of Training form to the College whenever taking up an appointment in an approved Hospital Department (or other organisation). Such information must be submitted to the College within three months of commencing the appointment.

Please Print Clearly

1. PERSONAL DETAILS

Name of Trainee ______________________
Surname **Other names (must be in full)**

Address ______________________
____
City State Post Code

Telephone (W) __________ (H) __________

Fax (W) __________ E-mail __________

2. EXAMINATION DETAILS

Have you passed a Primary Examination? Yes ☐ No ☐

Name & date of Primary or Part 1 Examination completed______________________

Do you anticipate sitting the CICM Fellowship Examination in 2010? Yes ☐ No ☐

3. DETAILS OF TRAINING PROGRAM FOR 2010

Core Intensive Care ☐ Is this a Senior Registrar post? Yes ☐ No ☐

Anaesthesia ☐

Internal Medicine ☐

Elective ☐ (Elective discipline): ______________

Are you training in Paediatric Intensive Care? Yes ☐ No ☐

Clinical, research or PhD year? ______________________

Full time or part time training? ____________ If part time, percentage of full time training ________%

4. TRAINING POST FOR THIS APPLICATION

Duration of appointment		Months		
Period of accreditation sought		Months		
Dates of appointment	Commencing		Ending	
Post/Position				
Hospital/Institution				

Do you plan to undertake a 3 month rural/regional Intensive Care rotation during this period? Yes ☐ No ☐
(If your answer is "Yes" please contact the CICM office to confirm the suitability of this rotation)

5. SUPERVISOR OF TRAINING

The Supervisor of Training should assist the trainee in preparation of this program of training. The Supervisor should have a close working relationship with the trainee during the period of supervision.

Name of supervisor ______________________
Surname Other names

Address ______________________
City State Post Code

Telephone (W) ______________
Fax (W) ______________ E-mail ______________

Has agreed to act as my supervisor (subject to confirmation of my appointment) and is prepared to report to the College as required. **(Both trainee and Supervisor must sign the application before it is submitted to the College.)**

______________ ____ / ____ / ____ ______________ ____ / ____ / ____
Signature of supervisor day month year Signature of trainee day month year

6. PAYMENT OF TRAINING

Please tick

Basic Training – 12 months **Advanced Training – 12 months**

$800 AUD ☐ $1550 AUD ☐

Please note half the Training Fee Payment applies if undertaking only six months of approved training.

DEFERRED TRAINING FEE

Applies to trainees who are **not** undertaking accredited training but wish to remain a financial member of the College. This fee is to be paid to the Melbourne Office. $350 AUD ☐

Method of Payment

☐ **Cash**
☐ **Cheque – please make payable to "College of Intensive Care Medicine".**
☐ **Credit Card – please complete details below**

☐ **MasterCard** ☐ **Visa**

Credit Card Number:

Security Pin: (CVV Number)

The Card Verification Value (CVV*) is an extra code printed on your debit or credit card. CVV for Visa and MasterCard is the final three digits of the number printed on the signature strip on the back of your card.

Expiry Date: _______ / _______

Name on Card: ______________________________

Signature: ______________________________

Amount: $ ________________

This form should be read in conjunction with the Regulations relating to Training in operation at the time of commencement of your vocational training. These are published at www.cicm.org.au

Completed forms should be returned to:

Ms Elyse Lithgow
Administrative Assistant – Training and Examinations
elysel@cicm.org.au

The CICM complies with national privacy legislation effective 21 December 2001. Personal and training related information which you provide will only be used by the College (including its committees, state/regional committees and supervisors of training). The College will not supply this information to other parties without your consent.