



**College of Intensive Care Medicine  
Of Australia and New Zealand**

**REGISTRATION FORM**

**SECTION 1: Personal Details**

**SURNAME:** \_\_\_\_\_  
*(Block Letters)*

**OTHER NAMES:** \_\_\_\_\_

**HOME ADDRESS:** \_\_\_\_\_

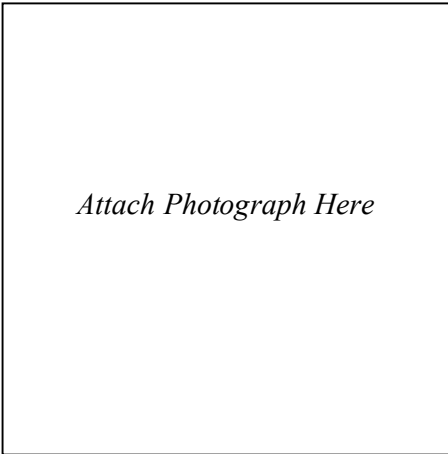
\_\_\_\_\_

\_\_\_\_\_

**WORK ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



*Please indicate your preferred address for correspondence:*    HOME                   WORK

**HOME PHONE:** (\_\_\_\_) \_\_\_\_\_                  **MOBILE:** \_\_\_\_\_

**WORK PHONE:** (\_\_\_\_) \_\_\_\_\_                  **EMAIL:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_/\_\_\_\_/\_\_\_\_                  **PLACE OF BIRTH:** \_\_\_\_\_

*Please indicate which intensive care endorsement you wish to train towards:*

- GENERAL INTENSIVE CARE MEDICINE**                   **PAEDIATRIC INTENSIVE CARE MEDICINE**

**PRIVACY ACT 1988  
COLLECTION STATEMENT**

The College of Intensive Care Medicine collects and holds personal information for the purpose of registering you as a trainee, administering your training and examination program, and managing your future Fellowship.

The information may be used to administer your training and Examination program, CME activities and matters relating to your intensive care practice and Fellowship.

The information collected and held cannot be disclosed to third parties except as required by Law. If you wish at any time to request access to the information you have provided, you may contact the Chief Executive Officer.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

## SECTION 2:

# Explanatory Notes On Registration For Training

The 'Explanatory Notes on Registration for Training' should be read in conjunction with the CICM Regulations.

A copy of the Regulations can be obtained from the College office on request and is also available on the CICM website.

- (A) **Responsibility of the Trainee:** It is the trainee's responsibility to:
- I. be aware of the requirements of the College in relation to their registration;
  - II. be aware of the requirements of the College in relation to retrospective and prospective accreditation of training;
  - III. ensure that any applications for registration or for retrospective or prospective accreditation of training are received by the College by the relevant deadlines;
  - IV. ensure that all required documentation (eg. original letters of service) accompany the registration form.
- (B) **Date of Registration:** A Trainee's date of registration applies as from the **date of receipt** of the trainee's fully completed **original** registration form by the College accompanied by **all** required documentary evidence detailing the trainee's previous training and qualifications, **NOT** the date the form was posted. Trainees must be registered with the College and have submitted full documentation and have paid **all** appropriate fees before being eligible to present for the Fellowship Examination. Trainees must be registered with the College **before three months of Advanced Training** have been completed.
- (C) **Retrospective approval of training:** Trainees may apply for retrospective approval of Basic training. This training must have been completed under the **supervision of a specialist** in the relevant discipline. This will normally be in a hospital accredited by the relevant training college for that discipline, but other positions may be approved at the discretion of the Censor (*see Section 2G*).
- (D) **Prospective approval of training:** All **Advanced Training Years** must be prospectively approved. Applications for prospective approval must be received **before three months of Advanced Training** have been completed (*see Section 3*).
- (E) **Level of training:** **A Basic Trainee** is a Trainee who has completed at least 12 months General Hospital Experience (usually PGY 1), and who has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the College and is occupying a position which meets the requirements for Basic Training as set out in Regulation 5.6 **An Advanced Trainee** is a Trainee who has completed **all** the requirements for Basic Training, and has taken up a supervised appointment within a Hospital Department (or other organisation) approved by the College for Advanced Training in Intensive Care, and is occupying a training position which meets the requirements for Advanced Training as set out in Regulation 5.7 **A Conditional Advanced Trainee** is a Trainee who has completed **all** the requirements for Basic Training with the **exception** of passing an approved Primary Examination but who is sitting the Examination during ATY 1. Retrospective accreditation for ATY 1 is not guaranteed and can only be considered after prospective approval by the Censor, and success at the Examination. If such a conditionally approved year of core training is accredited, the second year of core training must be a continuous year in a C24 accredited unit and the Fellowship Examination may not be attempted during the second core year.
- (F) **Documentation of training:** The original documents requested for the purpose of registration and retrospective approval of training are required. However, if unavailable, **all** photocopies of such documentation must be certified as a true copy by a Justice of the Peace. The following or a similar attestation should appear on the face of each copy:
- I certify that this is a true copy of the original document  
Signed: (also print name and qualification)*

All **original documents** provided to the College will be returned to the trainee following the processing of their registration.

Trainees should provide a copy of their **Curriculum Vitae** with their registration form.

**SECTION 3:**

**Training & Qualifications**

**(A) Please provide details of your Basic Qualifying Degree or Diploma.**

Degree / Diploma: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

University: \_\_\_\_\_ Country: \_\_\_\_\_

*\* Please provide **appropriately numbered** documentary evidence, eg. Copy of Testamur.*

**(B) Please indicate if you are currently registered for training with another Australasian specialist training body.**

- Australian and New Zealand College of Anaesthetists
- Royal Australasian College of Physicians
- Australasian College for Emergency Medicine
- Royal Australasian College of Surgeons

Other: \_\_\_\_\_

*\* Please provide **appropriately numbered** documentary evidence, eg. Most recent assessment of training.*

**(C) Please indicate if you have passed the Part I or Primary Examination of another Australasian specialist training body?**

- Australian and New Zealand College of Anaesthetists
- Royal Australasian College of Physicians
- Australasian College for Emergency Medicine
- Royal Australasian College of Surgeons

Other: \_\_\_\_\_

*\* Please provide **appropriately numbered** documentary evidence, eg. Certificate or letter detailing success at the examination.*

**(D) Please indicate if you are a Fellow of another Australasian specialist training body.**

- Australian and New Zealand College of Anaesthetists
- Royal Australasian College of Physicians
- Australasian College for Emergency Medicine
- Royal Australasian College of Surgeons

Other: \_\_\_\_\_

*\* Please provide **appropriately numbered** documentary evidence, eg. Copy of Testamur or admission letter.*

**(E) Please indicate if you are currently training towards or have completed a specialist training program outside of Australasia?**

Trainee                       Graduate

- |  |   |
|--|---|
| <input type="checkbox"/> Royal College of Anaesthetists (UK)         | <input type="checkbox"/> Royal College of Physicians (UK)     |
| <input type="checkbox"/> College of Anaesthetists (Hong Kong)        | <input type="checkbox"/> College of Physicians (Hong Kong)    |
| <input type="checkbox"/> College of Anaesthetists (South Africa)     | <input type="checkbox"/> College of Physicians (South Africa) |
| <input type="checkbox"/> Royal College of Surgeons (Ireland)         | <input type="checkbox"/> MD (India)                           |
| <input type="checkbox"/> European Diploma in Intensive Care Medicine | <input type="checkbox"/> DNB (India)                          |

Other: \_\_\_\_\_

*\* Please provide **appropriately numbered** documentary evidence, eg. Letter detailing training status or completion certificate.*

(F) Please provide details of at least 12 months General Hospital Experience (Internship / PGY 1 accepted).

DATES OF TERMS	DISCIPLINE	HOSPITAL	FT / PT
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

\* Please provide **appropriately numbered** documentary evidence, eg. Original letter of service detailing the specific dates and nature of each term, including your level of seniority during these posts.

**Note:** This twelve month period of training must be completed prior to commencing training towards the CICM training program.

(G) Please provide details of any periods of training that you wish to have retrospectively assessed towards the 36-month basic training component of your CICM training program

**BTY 1**

DATES OF TERMS	DISCIPLINE	HOSPITAL	FT / PT
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

**BTY 2**

DATES OF TERMS	DISCIPLINE	HOSPITAL	FT / PT
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

**BTY 3**

DATES OF TERMS	DISCIPLINE	HOSPITAL	FT / PT
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>
___/___/___ to ___/___/___	_____	_____	<input type="checkbox"/> <input type="checkbox"/>

\* Please provide **appropriately numbered** documentary evidence, eg. Original letters of service detailing the specific dates and nature of each term, including your level of seniority during these posts.

**Note:** Trainees may seek the retrospective approval of suitable training towards the clinical anaesthesia and clinical internal medicine components of their CICM training program. At least 6 months of each of these components should normally be undertaken in a registrar position.

SECTION 4:

**Prospective Application for Approval of Vocational Training in Intensive Care Medicine**

*\*Please note this form must be completed in order to register with the College.*

**DETAILS OF TRAINING PROGRAM FOR 2010**

Intensive Care	<input type="checkbox"/>	Is this a Senior Registrar post? Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Anaesthesia	<input type="checkbox"/>	Internal Medicine	<input type="checkbox"/>		
Elective	<input type="checkbox"/>	(Elective discipline):	_____		

*If the appointment is for less than a year, separate application should be made for the latter part 2 months prior to appointment.*

Clinical, research or PhD year? \_\_\_\_\_

Full time or part time training? \_\_\_\_\_ If part time, percentage of full time training \_\_\_\_\_%

**TRAINING POST FOR THIS APPLICATION**

Duration of appointment	<input type="text"/>	Months
Period of accreditation sought	<input type="text"/>	Months

Dates of appointment	Commencing	<input type="text"/>	Ending	<input type="text"/>
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Post/Position	<input type="text"/>
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Hospital/Institution	<input type="text"/>
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Do you intend to undertake a 3 month rural/regional Intensive Care rotation during this period? Yes  No   
**(If your answer is "Yes" please contact the College to confirm the suitability of this rotation)**

**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	<input type="text"/>	
	<small>Surname</small>	<small>Other names</small>

Telephone	(W)	<input type="text"/>
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Fax	(W)	<input type="text"/>	E-	<input type="text"/>
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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.)**

_____ <small>Signature of supervisor</small>	/	_____ <small>day</small>	/	_____ <small>month</small>	/	_____ <small>year</small>	_____ <small>Signature of trainee</small>	/	_____ <small>day</small>	/	_____ <small>month</small>	/	_____ <small>year</small>
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**College of Intensive Care Medicine  
of Australia and New Zealand**

ABN: 16 134 292 103

## **TRAINING AGREEMENT**

**The College of Intensive Care Medicine (CICM)** is committed to ensuring that all vocational training in Intensive Care (and the compulsory terms in Anaesthesia and Internal Medicine) is undertaken in an appropriate environment and that all parties . CICM and its representatives and Trainees - understand and are informed of their rights and obligations.

CICM training must be conducted in a manner that ensures transparency of process, assessment and decisions.

This document sets out the rights, responsibilities and obligations of each party involved in the CICM training process. It should be signed when the Trainee commences in the training program, ideally after discussion with the Supervisor of Training in the first term of training, and then sent to the College, usually with the Trainee Registration form. The Chief Executive Officer will then sign it, and return a copy to the Trainee.

### **A. TRAINEE RESPONSIBILITIES AND DECLARATION**

1. I will endeavour to achieve the objectives of training, as set out by CICM.
2. In particular, I will develop the necessary skills, attributes, and undertake the necessary experience required, to provide safe, high quality care to patients, namely:

Medical and technical expertise, clinical judgement and decision making, communication and collaboration skills, health advocacy, professional attitudes and behaviour to patients, colleagues and other health professionals, management and leadership skills, and a commitment to assisting Trainees and colleagues with their learning and development needs.
3. To achieve these objectives, and in accordance with the principles of adult learning, I will undertake training by:

Reflecting and building upon my own experience, identifying my learning needs, being involved in planning and documenting my education and training, and evaluating the effectiveness of my learning experiences.
4. I acknowledge that my training each year must be prospectively approved by CICM, and will be supervised appropriately. I agree, when in a CICM approved training site, to meet with my Supervisors at least every six months.
5. I understand that I will receive feedback on my performance, and will be advised on how best to address any areas that need improvement. I accept that training will require me to move between hospitals, and may require experience in rural and/or private practice settings.
6. I understand that CICM collects and holds personal data for the purpose of Trainee registration, for the administering of the Training Program, and for evaluating my progress. I consent to have this information used and shared, both within the College and with my employer, for these purposes. If I wish at any time to request access to the information I have provided, I understand that I may contact CICM and request to review it (unless subject to privacy or confidentiality requirements).
7. I understand that CICM documentation and/or materials will be provided to me during the course of the training program. I acknowledge that this material is owned by the College, is subject to intellectual property protection, and therefore cannot be used by me for purposes other than training, without the College's prior approval.

8. I agree to make all applications, complete the relevant feedback forms, and provide all information required by CICM within the time limits or deadlines stipulated. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are met.
9. I agree to pay for all accredited training in order to remain an active trainee of the College, and understand that it is my responsibility to inform the College if I am undertaking interrupted training or training towards another specialty.
10. If I am not undertaking training that can be accredited toward my CICM training, I will pay the deferred training fee in order to remain an active trainee. I understand that I will become a ~~Non~~ active trainee if I do not comply with these requirements. If I cease or suspend my training I will notify the College in writing. Unless otherwise agreed, my training will be suspended if no application for training (AVT Form) or assessment (ITA Form) or other progress report is returned to the College for 24 months.
11. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of CICM, particularly rules, guidelines and policies in relation to the Training Program and to observe all relevant CICM policies in relation to training.
12. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these concerns addressed. I acknowledge that I can approach and seek appropriate guidance from my Supervisor of Training or relevant CICM Staff. These are available on the CICM website.
13. I agree and acknowledge that, whilst I may seek advice from my Supervisors and relevant CICM Fellows in relation to aspects of my education and training, my Supervisors are not authorised to vary the rules and guidelines for the Training Program, or the policies of CICM in relation to the Training Program. Requests for any change or variation of these conditions, guidelines or policies or any extension of time must be made to the CICM Censor and be confirmed to me in writing by CICM.
14. I understand that if I do not reach work-related performance standards I may be required to undertake a further period(s) of training as recommended by the CICM Censor.
15. I agree to participate, if required, in CICM's review processes in relation to unsatisfactory performance or progress in the Training Program, including a Trainee Performance Review (TPR). Refer Document T-13 ~~%~~Guidelines for Assisting Trainees with Difficulties+ and T-14 ~~%~~Trainee Performance Review+. I also understand that I can initiate the TPR if I feel that I have been unfairly assessed or treated. I am aware that if I disagree with any decision made about my training, CICM has a formal Reconsideration and Review process that precedes the final Appeals Process. I agree to abide by the final decision of the Appeals Process.
16. I release CICM (and its representatives) from all claims or liability arising from advice or assistance given in good faith.
17. I certify that I am free from substance abuse disorder, and have no illnesses or other conditions which my treating physician(s) advise(s) will preclude the safe practice of intensive care medicine or training.  
I undertake to inform the College if I develop any of these conditions.  
I acknowledge that if I develop a substance abuse disorder, and/or any condition which my treating physician(s) advise(s) will preclude the safe practice of intensive care medicine or training, this may result in the suspension or termination of my training at any time, and prevent my admission to Fellowship of CICM.
18. I undertake to notify the College if conditions are placed on my medical registration.

## **B. CICM DECLARATION AND RESPONSIBILITIES**

CICM agrees to provide support to its representatives (Supervisors of Training) to provide the Trainee with appropriate resources and support in the following areas:

1. Assisting the Trainee to achieve completion of all Training requirements (including courses, examinations and the formal project).
2. Reviewing the Trainee's learning objectives for each term, to ensure that they are realistic, achievable, and within the scope of the learning opportunities available.
3. Advising the Trainee, as requested, on resources available to assist the Trainee in achieving the objectives.
4. Ensuring appropriate supervision.
5. Encouraging a climate conducive to learning and training.
6. Meeting regularly with the Trainee at least every six months for the purposes of support, feedback and assessment, to review the Trainee's progress, and to provide feedback on performance (while the Trainee is in a CICM-approved training site).

7. Completing the Supervisor's Report component of the ITA in a timely fashion, and discussing its contents with the Trainee, before sending it to CICM.
8. Encouraging the Trainee to keep copies of his/her ITA reports.
9. Assisting the Trainee to be able to attend any appropriate educational sessions.
10. Encouraging the Trainee to make appropriate time allowance for learning needs.
11. Encouraging the Department to roster Trainees fairly, and to ensure an appropriate balance between training, service, rest and study time.

CICM and its representatives agree to use reasonable endeavours in the following areas:

12. Supporting an appropriate, fair, and transparent selection process of Trainees.
13. Providing access for Trainees to educational material related to the Training Program.
14. Ensuring that any information held by the College on a Trainee is stored in a manner in which ensures confidentiality.
15. Ensuring that any information supplied by the Trainee cannot be disclosed to third parties except as required by Law.
16. Answering in an accurate and timely manner any queries the Trainee may have on the Training Program, clinical assessments, the examinations process, and reporting requirements.
18. Responding in a timely manner to applications for approval of individual training positions requiring prior approval.
19. Responding to any other enquiries in a timely manner.

**ACCEPTANCE BY TRAINEE AND CICM**

We accept the rights and responsibilities of our respective positions in this Agreement.

Signed:

\_\_\_\_\_  
**Trainee**  
 Date:

\_\_\_\_\_  
 Name in block letters

\_\_\_\_\_  
**Chief Executive Officer**  
 Date:

\_\_\_\_\_  
 Name in block letters

This Agreement will be reviewed five years after the date of signing.