Part-time training

**Requirements for part-time training**

4.14.1.1 Application for part-time training must be made in writing prospectively to the Faculty assessor. All applications will be considered on an individual basis.

4.14.1.1 The trainee must provide evidence that the application for part-time training is supported by the Director of the training unit.

4.14.1.2 Trainees undertaking part time training must complete all requirements of the training program, within five years of commencement of the core training stage.

4.14.1.3 Part-time training must be at a minimum of 0.5 FTE per week.

4.14.1.4 Normal leave for part-time trainees will be on a pro-rata basis.

1. Personal information

College ID: ___ / ___ / ___ / ___ / ___

Family name: __________________________________________________________

First name: _________________________ Middle name: __________________________

2. Proposed training details

Training site: __________________________________________________________

Part-time start date: _________________ End date: __________________________

Proportion of full-time trainee’s hours that will be worked? (i.e. 0.5 FTE): __________________________

Any additional comments regarding the part-time arrangements:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
I confirm that the trainee will be working in a part-time capacity as outlined in this application.

Name of Director / SoT (please print): ____________________________________________________________

Signature: __________________________ Date: ________________

Supporting documentation

Your letter of appointment must be on the training unit’s letterhead and indicate the following – title, type of experience, full-time or part-time, and start and end dates of the appointment. It should be signed by your proposed supervisor or the head of the training unit.

Send the completed form and accompanying documentation to:

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    PO Box 6095
    ST KILDA ROAD CENTRAL
    VIC 8008 AUSTRALIA

    painmed@anzca.edu.au
    fax: +61 3 9510 6786