

## Training site description

This section is for training sites not accredited by the Faculty or another medical College for training. (see section 6)

### 8. Details of training sites that are not accredited for training.

Name of training site: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Name of placement supervisor: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### 9. Characteristics of position *To be completed by the placement supervisor*

What percentage of the role will provide supervised experience? \_\_\_\_\_

What percentage of the role will be in research? \_\_\_\_\_

*(If a research project is undertaken documentation such as ethics committee or research proposal listing the trainee as a named investigator must be submitted with the PDS proposal.)*

Which Medical Specialists are involved in the proposed training site?

Name	Speciality	Qualification

Which allied health groups are involved in the training site?

Please provide numbers

Nursing \_\_\_\_\_

Psychology \_\_\_\_\_

Physical Therapy \_\_\_\_\_

Occupational Therapy \_\_\_\_\_

Other (please describe) \_\_\_\_\_

What is the approximate case load of the training site? \_\_\_\_\_

How often are multidisciplinary case conferences undertaken? \_\_\_\_\_

How often does the training site schedule educational sessions for all staff? \_\_\_\_\_

Please outline levels of supervision available in and out of hours:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will this placement assist the trainee in the transition to working as a specialist pain medicine physician?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other information in support of the trainee's placement:

\_\_\_\_\_

\_\_\_\_\_