

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:
