

# Certificate and Procedural Training Mentor and Supervisors • RANZCOG Associate (A/PTP) Procedural

<p><sup>2</sup> • FRANZCOG/SIMG</p>
<ul style="list-style-type: none"> <li>• Subspecialty</li> <li>• DipRACOG- RACGP or ACRRM Membership</li> </ul> <p><sup>1</sup>Eligible to supervise CWH + <del>PTP</del> trainees  <sup>2</sup>Eligible to supervise CWH + <del>PTP</del> trainees  <sup>3</sup>Eligible to supervise CWH trainees ONLY</p>
<ul style="list-style-type: none"> <li>• I hold a current RANZCOG Membership for the above qualification</li> <li>• I hold a current RACGP or ACRRM Membership</li> <li>• I DO NOT hold a current Membership for the above qualification <i>if you are ineligible to apply please contact <a href="mailto:membership@ranzcog.edu.au">membership@ranzcog.edu.au</a> to reinstate your membership</i></li> </ul>
<p><b>Level of supervision approval sought (approval will be based on qualification and accreditation of training site)</b></p> <ul style="list-style-type: none"> <li>• CWH • PTP • APTP</li> </ul>
<p><b>Years in O &amp; G practice:</b></p>
<p><b>Present practice:</b> • Full time • Parttime • Private • Salaried • VMO only</p>
<p><b>What medical appointments do you hold (Please specify)</b></p>
<p><b>Do you currently serve on any medical or academic committees (Please specify)</b></p>
<p><b>Name of the clinics and/or hospitals where you are requesting to supervise trainees (please list all, including cluster/satellite sites)</b></p>
<ul style="list-style-type: none"> <li>• I am a staff member at this site, treating public patients</li> <li>• I operate in a private capacity at this site, treating only private patients</li> </ul> <p><b>Proposed hours of contact with trainee/s per week</b></p> <ul style="list-style-type: none"> <li>• 1-5 • 5-10 •</li> </ul>

**I will be:**

- An additional Training Supervisor at these clinics/hospitals
- Replacing an existing Training Supervisor at this facility.

