



The Royal Australian and New Zealand
College of Radiologists®

The Faculty of Clinical Radiology

Research Mentor Application Form

(to be completed by the applicant)

Name of Applicant:

Name of Branch you are applying for:

Date Fellowship of RANZCR Awarded:

**SUPPORT MUST BE SOUGHT BY ALL DIRECTORS OF TRAINING IN THE BRANCH AND NOMINATION
FROM THE HEAD OF DEPARTMENT**

(in order for your application to be complete, you are required to be supported by ALL DoTs in your Branch and have support from your Head of Department)

I _____, Head of Department, hereby nominate _____
for the role of Research Mentor at (name of training network) _____.

As the Head of Department, I agree to allocating 'protected time' for this applicant to fulfil the duties of Research Mentor.

Signature of HoD:

Date :

This application has been reviewed and approved by BEO
(letter/email of support are attached)

Yes ☐ No ☐

A copy of the applicants CV is attached to this Application Form

Yes ☐ No ☐

Signature of Applicant:

Date :
