



Clinical Radiology Training Program Checklist, Application Form and Trainee Compact

The Clinical Radiology Training Program Checklist, Application Form and Trainee Compact are to be submitted once an offer of employment has been made from a RANZCR Clinical Radiology accredited training site or Network and once you have commenced accredited training on or after the beginning of the clinical training year: 30 January 2023 for New Zealand and 6 February 2023 for Australia and Singapore

The Clinical Radiology Training Program Checklist, Application Form and Trainee Compact must be submitted electronically.

In order to ensure timely processing of your Clinical Radiology Training Program Application please ensure that you have:

	Please Check	College Use
Complete all sections of the Clinical Radiology Training Program Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Include a high quality, colour, passport photo no less than six months old. <ul style="list-style-type: none"> ▪ <i>When submitting the application via email, the photo must be labelled with your full name and attached as a separate high resolution.jpg/.jpeg/.eps format file.</i> The photo must be a clear headshot and must be taken with a plain background (images with family/friends will not be accepted)	<input type="checkbox"/>	<input type="checkbox"/>
Include a certified copy of your Medical Degree Qualification	<input type="checkbox"/>	<input type="checkbox"/>
Include a copy of your current Medical Registration	<input type="checkbox"/>	<input type="checkbox"/>
Include copies of letters, certificates, <i>statements of service or compliance statements</i> of successful completion for two years of postgraduate training. <i>*These documents must state the term number, rotation dates, specialty area and rotation location</i>	<input type="checkbox"/>	<input type="checkbox"/>
Include a copy of your signed contract. i.e., a signed copy of your contract with the accredited training site or Network (interview outcome letters will not be accepted)	<input type="checkbox"/>	<input type="checkbox"/>
Include a copy of your Letter of Appointment to a RANZCR accredited training site or Network	<input type="checkbox"/>	<input type="checkbox"/>
Include a copy of the Trainee Compact which has been read (and understood) and each page has been initialled, with the last page signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
Combine the Clinical Radiology Training Program Checklist, Application Form, Trainee Compact and all required supporting documents in one PDF file	<input type="checkbox"/>	<input type="checkbox"/>

Submitted the Clinical Radiology Training Program Checklist, Application Form, Trainee Compact and all required supporting documents to the College electronically <u>within two weeks of the commencement of your accredited training date</u>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Late submission or failure to complete any of the above requirements (which will deem the Clinical Radiology Training Program Application as incomplete), may alter the commencement of accredited training date.</i>		

Submission of the Clinical Radiology Training Program Application

 Email CRTraining@ranzcr.edu.au

Adobe Scan is a free phone App that enables multiple document scanning and distribution.

Please ensure that you retain a copy of your submitted Clinical Radiology Training Program Application for audit purposes for the duration of your training.

If you have any questions regarding your application, please contact the College on +61 2 9268 9700 or email CRTraining@ranzcr.edu.au.

PLEASE NOTE: Your application must be submitted electronically. We are unable to receive any hardcopy applications. Please ensure you email your application to CRTraining@ranzcr.edu.au so that it can be processed in a timely manner.

PLEASE ALLOW 20 BUSINESS DAYS FOR COLLEGE PROCESSING.



CLINICAL RADIOLOGY TRAINING PROGRAM APPLICATION FORM

Completed Training Program Application and all supporting documents must be received by The Royal Australian and New Zealand College of Radiologists (RANZCR) **within two weeks of the commencement of accredited training date.**

Late or incomplete applications may result in unaccredited training time. Incomplete applications will not be processed until completed.

Email the completed application form to the RANZCR Specialty Training Unit (Clinical Radiology) via: CRTraining@ranzcr.edu.au

1 PERSONAL DETAILS (All fields under section 1 are mandatory)

FAMILY NAME:	
FIRST NAME:	
OTHER NAME(S): <i>(If applicable)</i>	
PREFERRED NAME:	
DATE OF BIRTH: DD/MM/YYYY	
GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE <input type="checkbox"/> NON-BINARY <input type="checkbox"/> OTHER <input type="checkbox"/> PREFER NOT TO SAY
MOBILE:	
EMAIL:	
WORK PHONE:	
HOME PHONE: <i>(If applicable)</i>	



ONE COLOUR PASSPORT PHOTO TO BE INCLUDED WITH APPLICATION. (Please refer to the Clinical Radiology Training Program Checklist)

2 WORK ADDRESS AND RESIDENTIAL ADDRESS

WORK ADDRESS (As per your attached training site/network contract)		RESIDENTIAL ADDRESS	
ACCREDITED TRAINING SITE:			
STREET:		STREET:	
SUBURB:		SUBURB:	
STATE:		STATE:	
POSTCODE:		POSTCODE:	
COUNTRY:		COUNTRY:	
PREFERRED MAILING ADDRESS:	<input type="checkbox"/> WORK <input type="checkbox"/> RESIDENTIAL		

<u>PRIMARY MEDICAL QUALIFICATION</u>	<u>SECONDARY MEDICAL QUALIFICATION</u>
QUALIFICATION OBTAINED:	QUALIFICATION OBTAINED:
YEAR OF GRADUATION:	YEAR OF GRADUATION:
INSTITUTION:	INSTITUTION:
COUNTRY:	COUNTRY:



PLEASE PROVIDE A CERTIFIED COPY OF YOUR MEDICAL DEGREE QUALIFICATION

* Click [here](#) for a list of Authorised Certifiers

REGISTRATION NUMBER:	TYPE OF REGISTRATION: (Must be general)
STATE OR TERRITORY:	COUNTRY:
DATE OF ORIGINAL MEDICAL REGISTRATION: (DD/MM/YYYY)	EXPIRY DATE OF CURRENT MEDICAL REGISTRATION: (DD/MM/YYYY)



PLEASE PROVIDE A COPY OF YOUR CURRENT MEDICAL REGISTRATION

I HEREBY CONFIRM THE APPOINTMENT AND PROPOSED COURSE OF TRAINING FOR:

TRAINEE NAME:			
COMMENCEMENT SITE:			
TRAINING NETWORK:			
COMMENCEMENT DATE: (DD/MM/YYYY)			
TRAINING ARRANGEMENT:	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, WHAT IS YOUR TRAINING CAPACITY: (FTE)	
HEAD OF DEPARTMENT/DIRECTOR OF TRAINING NAME:			POSITION: <input type="checkbox"/> HEAD OF DEPARTMENT <input type="checkbox"/> DIRECTOR OF TRAINING
SIGNATURE:			DATE:



PLEASE PROVIDE A COPY OF YOUR CONTRACT AND LETTER OF APPOINTMENT TO A RANZCR ACCREDITED TRAINING SITE OR NETWORK (INTERVIEW OUTCOME LETTERS WILL NOT BE ACCEPTED)



PLEASE PROVIDE A COPY OF LETTERS, CERTIFICATES, STATEMENTS OF SERVICE OR COMPLIANCE STATEMENTS OF SUCCESSFUL COMPLETION FOR THE BELOW TWO YEARS OF TRAINING

PGY 1				
*Annual leave dates must be on their own line and not within rotation dates				
TERM NUMBER	DATE FROM DD/MM/YYYY	DATE TO DD/MM/YYYY	SPECIALTY AREA	LOCATION

PGY 2				
*Annual leave dates must be on their own line and not within rotation dates				
TERM NUMBER	DATE FROM DD/MM/YYYY	DATE TO DD/MM/YYYY	SPECIALTY AREA	LOCATION

7 PERMANENT AND/OR CHRONIC IMPAIRMENT OR DISABILITY

Do you have a permanent and/or chronic impairment or disability, which may affect your training? Yes No

If yes, indicate the nature of your disability: Hearing Visual Mobility Learning Medical Other

If other, please specify: _____

(This information is used in a confidential manner by the College to assist you in accessing support services as required)

Please note: Failure to disclose pre-existing conditions which affect your training will result in an unsuccessful application for Consideration of Special Circumstances as defined under the Consideration of Special Circumstances Policy

Do you identify as Aboriginal and/or Torres Strait Islander or Māori origin or Pasifika origin? Yes No

Yes, Aboriginal Yes

Yes, Torres Strait Islander Yes

Yes, both Aboriginal and Torres Strait Islander Yes

Yes, Māori Yes

If you are Māori, please indicate what iwi group/s you belong to

Yes, Pasifika Yes

An Aboriginal and/or Torres Strait Islander is a person of Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Torres Strait Islander and is accepted as such by the community in which that person lives.

A Māori is descended from a Māori (that is, they have/had a Māori birth parent, grandparent or great grandparent etc.) and culturally identifies as Māori.

A Pasifika is a person who identifies with the cultures and/or language of Pacific groups (including: Sāmoa, Tonga, the Cook Islands, Niue, Tokelau, Tuvalu, and other smaller Pacific nations) who are now living in New Zealand.

Your privacy is respected by the College. The College will manage your personal information in accordance with its Privacy Policy. Information regarding how the College collects and uses personal information can be found in the [College's Privacy Policy](#), which can be accessed on the College website.

RANZCR Annual Membership Subscription Fee and Annual Training Fee

Trainees in the training program pay an Annual Training fee and Annual Membership Subscription fee. Additional fees apply to undertake examinations. Trainees must maintain their financial status with the College throughout the duration of their training.

Fees are paid via the College's online MyRANZCR Member Portal. MyRANZCR provides a convenient, secure and reliable online self-service experience. The College will advise by email once a profile has been set up and invoices raised for payment. Please note that your enrolment into the Clinical Radiology Training Program will not be confirmed until all fees have been paid.

Annual Membership Subscription Fee (Valid from 1 July 2022 to 30 June 2023)

PERIOD	AUSTRALIA (Includes GST)	OVERSEAS (GST Free)	NEW ZEALAND (includes NZ GST)
Full Financial Year Annual Membership Subscription Fee*	\$ 2,596.00 AUD	\$ 2,358.00 AUD	\$ 2,710.00 NZD
Trainees will be charged at a pro rata of the Full Financial Year Annual Membership Subscription Fee calculated from their commencement of training date.			

Annual Training Fee (Valid from 1 January 2023 – 31 December 2023)

PERIOD	AUSTRALIA (GST Free)	OVERSEAS (GST Free)	NEW ZEALAND (includes NZ GST)
12 Month Annual Training Fee * GST will be added where applicable	\$ 2,190.00 AUD	\$ 2,190.00 AUD	\$ 2,790.00 NZD
Trainees will be charged at a pro rata of the 12 Month Annual Training Fee calculated from their commencement of training date. NZ Training Fee is subject to 15% GST.			

*Information related to the College's fees are available [here](#) on the College website visit www.ranzcr.com.

11 TRAINING PROGRAM APPLICATION PROCESS

- **Application Acknowledgement:** An acknowledgement of receipt of application will be emailed within **10** business days of the application being received via email by the College (where reasonably practicable).
- **Review of Application:** The application will be checked and reviewed for any missing, incorrect and/or outstanding items. The applicant will be informed via email notification if the application is "complete" or "incomplete" (i.e., where additional information is needed to complete the application). Applicants with incomplete applications must submit items/supporting documents promptly to ensure that there are no delays which may result in unaccredited training time.
- **MyRANZCR Member Online Portal Account, Annual Membership Subscription Fee and Annual Training Fee:** A student member account will be set up after an application is determined to be "complete" (please look out for a MyRANZCR activation email, including in your spam folder). Following account setup and once the invoices are available for payment, an email notification will be sent. Invoices must be paid in accordance with the timeframe stipulated in the invoices. A student member must maintain their financial status with the College to be eligible to undertake examinations.
- **Access to the ePortfolio System:** Access to the ePortfolio System will be enabled once the review of the application is completed. You will be registered into Phase 1 of Training.
- **Trainee Approval Letter:** A confirmation of approval of your course of training in the program and associated documents will be provided by email.
- **Enrolment Confirmation:** Enrolment into the training program will not be confirmed until **all** application information has been received and fees paid.

12 TRAINEE DECLARATION

- I declare the information supplied in this application and any supporting documentation is true and complete in every respect.
- I acknowledge that the provision of false or misleading information or the omission of information relevant to this application may result in the cancellation of the application, withdrawal of an offer of membership, or cancellation of an existing membership.
- I authorise the College to verify any information provided by me.
- I understand that my application may be cancelled if I do not provide true and complete information in connection with my application.
- I understand that I am required to notify the College of any changes to my circumstances (as provided in this application) which may affect my training.
- I understand my application for enrolment will not be confirmed until all necessary information has been provided and training and membership fees paid.
- I am not aware of any reason (including registration, employment, health, disability or otherwise) which would prevent or limit me undertaking all aspects of the Clinical Radiology Training Program.
- I understand that failure to comply with the above terms and conditions may result in the commencement date of my accredited training being delayed.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



The Royal Australian and New Zealand
College of Radiologists*

The Faculty of Clinical Radiology

FACULTY OF CLINICAL RADIOLOGY TRAINEE COMPACT

The Royal Australian and New Zealand College of Radiologists (**the College**) is committed to ensuring that Clinical Radiology specialist training is undertaken in an appropriate environment and that Clinical Radiology trainees are aware of their rights and obligations. This document sets out intentions for a trainee undertaking specialist training in Clinical Radiology through the College.

While the primary focus of this document is to outline trainee obligations to the College while under the training scheme, it should be remembered that the practice of Clinical Radiology is carried out in service to and for the care of patients, and the trainee's duty of care for their patients is paramount. The trainee's obligation to their training site/employer must also be acknowledged.

The broad structure of the Clinical Radiology Training Program and requirements for Trainees are set out in the Clinical Radiology Curriculum Learning Outcomes (**Learning Outcomes**) and the Clinical Radiology Training Program Handbook (**Training Program Handbook**). Trainees will be notified of changes to the Learning Outcomes and Training Program Handbook from time to time by the College.

Trainees are to initial each page of this document, sign and date the last page and return to the College. The original signed version of this document will be kept in the Trainee's file at the College. Trainees should retain a copy of the signed document for the duration of their training.

As a Student member of the College:

1. I understand that the College will begin to accredit my training time only if the completed Clinical Radiology Training Program Application Form is received by the College office prior to or within two weeks of commencement of the accredited training date.
2. I confirm that I am eligible to commence accredited Clinical Radiology training as I have met all the current pre-requisites for entry into the Clinical Radiology Training Program including completing at least two full years (at 1.0 Full Time Equivalent; FTE) in an approved hospital as an intern or resident (PGY1 and PGY2).
3. I understand that I must comply with all of the requirements of the College, particularly its rules, guidelines and policies that relate to the Clinical Radiology Training Program.
4. I understand that membership of the College and my training with the College is governed by the Constitution, Regulations and Policies of the College (available on the College website www.ranzcr.com) and that should I no longer be actively engaged in a course of study (accredited training position), I am no longer eligible to maintain student membership with the College.

Trainee Initials: _____

5. I undertake to notify the College within seven calendar days of:
 - 5.1 my medical registration being withdrawn, or suspended for any reason whatsoever, or condition, restriction or limitation being placed on my medical registration, or on notification of any complaint to any medical registration authority (Medical Board of Australia / Medical Council of New Zealand or other authority); or
 - 5.2 being charged or convicted of any criminal offences (other than minor or trivial traffic offences); or
 - 5.3 being subject to any restrictions or limitation under any law or by any authority relating to mental health.
6. I undertake to notify the College if my employment is suspended or I am stood down by an employing authority, or if conditions or restrictions on my practice are implemented by an employing authority. Where requested to do so by the College, I undertake to provide reasons for the change in my employment status and authorise the College to seek information from my employing authority as to the circumstances and reasons for the change.
7. I will remain financial and in good standing with the College and I agree to maintain this good standing for the duration of training.
8. I agree to make all applications, provide all information required by the College and pay all required fees within the time limit or deadlines stipulated by the College in respect of membership of the College and the Clinical Radiology Training Program.
9. I agree that while the College (and its agents) is my accredited educational provider, they are not my employer.
10. I understand that it is my responsibility to notify the College of any amendments to my contact details to ensure they are always up to date.
11. I acknowledge that the College cannot guarantee employment. I understand that I am employed by a training site (employing authority) and not the College, and that issues relating to employment are the responsibility of the employing authority, not the College.
12. I understand it is my responsibility to notify the College of any changes to my employment within 14 calendar days of becoming aware of the change.
13. I understand that I release my Director/s of Training and the College (and its representatives) from all claims or liability arising from my reliance on any advice and assistance they give me in good faith.
14. I understand that the duty of care for patients is paramount, that I must act professionally and responsibly at all times.
15. I understand that I have a responsibility to treat my Director/s of Training, Clinical Supervisors and the other members of the medical team with whom I work with respect and courtesy.

Trainee Initials: _____

16. I will show respect for and will work collegially with my co-workers, support staff and other individuals with whom I interact.
17. I understand that when using social media applications, I must consider whether comments made about any aspect of my training would be likely to undermine or impinge on the reputation of the College in any way. I also understand that any social media activities/comments/discussion in which I may be involved should not be defamatory, obscene, threatening, harassing, discriminatory to or about the College, my training experiences and training sites, colleagues, Fellows or other trainees.
18. I acknowledge that I have the primary responsibility for the development of my own career. I recognise that I must take a realistic look at career opportunities and follow a path that matches my individual skills, values and interests.
19. I will endeavour to achieve the objectives of training and undertake all components of the Clinical Radiology Training Program within the time limits required.
20. I will develop the necessary skills and attributes associated with the competencies of the Clinical Radiology Training Program and recognise that these attributes are essential to providing the highest possible quality of service to meet the relevant health care needs of all communities in Australia and New Zealand, including the health care needs of Aboriginal and Torres Strait Islander and Māori people.
21. I acknowledge and agree that any documentation or material provided to me by the College during the course of the Clinical Radiology Training Program is owned by the College, that the College has Intellectual Property rights in all documents and therefore I cannot use them for purposes other than the Clinical Radiology Training Program without the College's prior written consent.
22. I understand that no variation to the rules, guidelines, policies or granting of exemptions to the Clinical Radiology Training Program requirements may occur without relevant College approval.
23. I acknowledge that if I have concerns regarding my training, it is my responsibility to discuss these with my Director/s of Training, Network Training Director, Branch Education Officer or Education Support Officer and to seek their guidance in resolving any concerns. Conflict resolution may be achieved outside of this relationship at a departmental, administrative, Network or College level when necessary.
24. I agree to the results of my examinations, assessments and Clinical Radiology Training Program activities being provided directly to my Director/s of Training, Network Training Director, external organisations or such other persons as may be required from time to time by the Chief Censor, the College, the Clinical Radiology Education and Training Committee (CRET) and the Faculty of Clinical Radiology Council.
25. I understand that from time to time, the College may need to share information related to my training with the Medical Board of Australia, Medical Council of New Zealand or any other medical registration authority.

Trainee Initials: _____

26. I understand that an accredited training position of a minimum of 0.5 FTE is an eligibility criterion to continue in the training program. I understand that should I wish to undertake part-time training, that period of part time training must entail at least 50% of a full-time (1.0 FTE; 5 days) position (0.5 FTE; 2.5 days) clinical load. I understand that any accredited training position less than 0.5 FTE will not be counted as accredited training time.
27. I acknowledge and understand the dual responsibilities of undertaking Clinical Radiology training, and of providing radiological services to patients, in the training sites(s) /Training Network to which I have been appointed.
28. I agree that it is my responsibility to be fully informed and aware of all the requirements of the College, particularly its rules, guidelines and policies that relate to the Clinical Radiology Training Program. It is my responsibility to familiarise myself with any changes or additions to these rules, guidelines and policies. I understand that failure to comply with these requirements, rules, guidelines and policies may result in my withdrawal from the Clinical Radiology Training Program.
29. I acknowledge that the content of the Learning Outcomes and the Training Program Handbook may be amended from time to time and the nature of assessments may be modified by the College. It is my responsibility to keep abreast of any changes communicated by the College.
30. I understand it is my responsibility to comprehend and comply to the Training Requirements Clinical Radiology Policy.
31. I understand that it is my responsibility to update the ePortfolio System (or any comparable system) at the beginning of each rotation and when required.
32. I understand that it is my responsibility to initiate a discussion with Director/s of Training and Clinical Supervisors on the clinical and training experience available and their expectations of my performance.
33. I understand that I am appointed to a Branch and/or Network and based at an accredited training site, and that I will rotate to separate accredited training site/s for a minimum of 12 months (in total) at 1.0 FTE.
34. I understand that it is my responsibility to ensure progression through the training program in line with the Learning Outcomes and the Training Program Handbook. Failure to do so will be assessed by the Clinical Radiology Chief Censor and/or the CRETC or by the College CEO, with possible withdrawal from the training program.
35. I understand that I am expected to complete my training according to the Phases of training, within the maximum timeframe within each Phase of training and within a maximum of ten years (as set out in the Training Program Handbook). Failure to do so will result in withdrawal from the training program.
36. I understand the need to maintain and provide the College with documentation relating to my Clinical Radiology Training Program requirements and to ensure my ePortfolio is current.
37. In order to satisfy the full Clinical Radiology training requirements, I must satisfy all the requirements for training and progression as set out in the Training Program Handbook.

Trainee Initials: _____

38. I know and understand I will need to sit proctored examinations and I will need to conduct such examinations on appropriate equipment and in a setting compliant with the relevant conditions stipulated by the College.
39. I am aware that the College will not adjust any marks for any aspect of assessment or examinations because of ill health of other circumstances and the minimum passing standard is required to be met.
40. I understand that with reference to my examination sittings, the College will not provide me with my personal examination material which includes a breakdown of my marks or personal responses to questions/cases, a copy of the examination papers, data pertaining to standard setting procedures, any correct responses to questions, a copy of the marking criteria/rubric/template, scoresheets and specific diagnosis of cases or any information on the cases failed or presented.
41. I understand that if I am absent from the training program for an extended period of time, the College may consider me for withdrawal from the Clinical Radiology Training Program. An extended absence from the training program would be considered to be 12 months or more of continual absence from the Clinical Radiology Training Program.
42. I agree to adhere to all College policies in relation to my training and membership of the College and to comply with all regulations and reasonable directions of the College.
43. I understand that it is my responsibility throughout my training to access updates to the College's policies which are available on the College website www.ranzcr.com.
44. I agree to abide by the principles contained in the RANZCR *Code of Ethics*. I understand that any member who breaches the Code may be brought to the attention of the RANZCR Board.
45. I am aware that if a medical condition, disability or other personal circumstances may adversely impact or disadvantage my performance in an assessment or examination, it is my responsibility to consider applying for a 'deferral' or 'withdrawal' of my assessment or examination by submitting an application for consideration of special circumstances form as contained under the College's *Consideration of Special Circumstances Policy*.
46. I am aware of the existence, content, timelines and application process for the College's *Consideration of Special Circumstances Policy*.
47. I acknowledge that I am aware of the existence and content of the College's *Interrupted and Part-Time Training Policy* and that I will notify the College of any changes which may affect my progression through the Clinical Radiology Training Program.
48. I acknowledge that in accordance with the College's *Interrupted and Part-Time Training Policy*, if I take non-consecutive leave in excess of 10 weeks in a 12 month training year (pro-rata for shorter period), that such excessive leave may be unaccredited from my training time. I understand that this determination is at the discretion of my DoT/s and the College.

Trainee Initials: _____

49. I acknowledge that I am aware of the existence and content of the College's Grievance Policy which relates to discrimination, harassment and bullying.
50. I acknowledge that I am aware of the existence and content of the College's *Reconsideration, Review and Appeal of Decisions Policy* regarding decisions about specialist training. I acknowledge that it is to be utilised when individuals who have been subject to a decision which they consider unsatisfactory wish to embark upon a defined pathway to enable a resolution.
51. I acknowledge that I am aware of the existence and content of the College's *Performance and Progression Policy, Remediation in Training Policy, Withdrawal from Training Policy* and the *Re-Entry into the Training Programs Policy* and agree to participate in any College review processes in relation to my performance and/or progression.
52. I understand that should I agree to progress along the remediation pathway as set out under the *Remediation in Training Policy*, then such remediation is to be undertaken during training and there is no opportunity for remediation after training.
53. I understand that should I no longer be employed in a RANZCR accredited training position and not have an alternate RANZCR accredited training position to assume, that I will be withdrawn from the Clinical Radiology Training Program.
54. I am aware of the existence, content, timelines and application process for the College's *Recognition of Prior Learning Policy*.
55. I consent to the use of information about my conduct and performance by all appropriate staff, officers, committee members of the College and all Clinical Supervisors of training (including Directors of Training, Network Training Directors and Branch Education Officers), including sharing information across rotations and across all institutions connected with my training. Use of information includes information pertaining to any hospital or health institution by whom I am employed or engaged and any other education institution connected with my training and education; including any information in relation to complaints or allegations or bullying, discrimination, sexual harassment or other inappropriate conduct.

I understand and accept the conditions set out in the agreement above.

Trainee Signature: _____

Print Name: _____

Date: _____ / _____ / _____