



## Director of Training Application Form 1<sup>st</sup> Term

(To be completed by the Head of Department)

### DETAILS OF NOMINEE FOR DIRECTOR OF TRAINING (DoT)

Name of Nominee for Director of Training: \_\_\_\_\_

RANZCR Membership ID: \_\_\_\_\_

Date Fellowship of RANZCR Awarded: \_\_\_\_\_

### DETAILS OF TRAINING SITE

Training Site Name: \_\_\_\_\_

Head of Department Name: \_\_\_\_\_

Is this nominee a permanent member of staff at this site?  Yes  No

Is this site currently applying for accreditation?  Yes  No

Is this site Full, Linked or Satellite Linked Accredited?

Please specify and if linked, to which site? \_\_\_\_\_

What is the start date for the new DoT? \_\_\_\_\_

Is this nominee replacing a current DoT?  Yes  No

If yes, name the outgoing DoT: \_\_\_\_\_ End date: \_\_\_\_\_

If more than 1 DoT on site, name the Co-DoT(s): \_\_\_\_\_

\_\_\_\_\_

Is this appointment to cover for a period where the current DoT will be on leave?  Yes  No

Name of DoT: \_\_\_\_\_

Date From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date to: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Date Month Year Date Month Year*





**EXPERIENCE & SENIORITY** (please tick/cross the appropriate box)

Has the nominee been practicing as a Fellow for a period of two years full-time  Yes  No

If **NO**, please provide below an explanation as to why you think the nominated individual is suitable for the position of Director of Training:

**TIME ALLOCATION**

Please advise how many **hours** of protected time per week will be allocated to the Director of Training role:

**Minimum Requirements**

- < 5 trainees: 4 hours /week
- 5-10 trainees: 8 hours/week
- 10-20 trainees: 10 hours/week
- 20-40 trainees: 12 hours/week

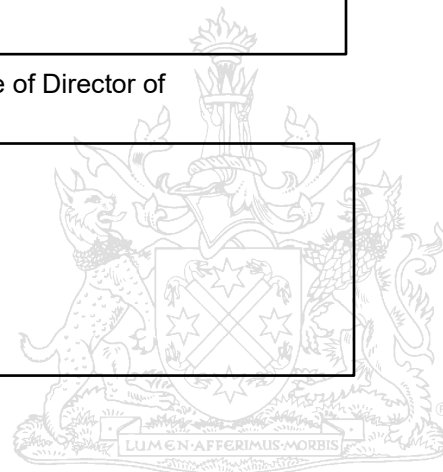
Please indicate the FTE engagement of the nominee each day of the week:

Monday	Tuesday	Wednesday	Thursday	Friday

**0.1 FTE = half a day, 0.2 FTE = full day**

Please indicate below the current number of trainees in your Department and what support mechanisms will be provided to assist the nominee in their role:

Briefly outline below why you think this nominee is suitable for the role of Director of Training:





**\*\*\* Please attach the nominee's Curriculum Vitae \*\*\***

**DECLARATIONS:**

**Head of Department:**

I \_\_\_\_\_ hereby nominate \_\_\_\_\_

for the role of Director of Training at (name of training site) \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Nominee:**

I \_\_\_\_\_ hereby confirm that I agree to be nominated for the role of  
Director of Training at (name of training site) \_\_\_\_\_

and I understand that I am required to undertake training which includes mandatory DoT  
Induction within the first 6 months and an annual requirement to attend one DoT Workshop (not  
including the DoT Induction).

I understand that an evaluation of my role as a DoT may take place during the course of my  
term.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return completed form and CV to [CRTraining@ranzcr.edu.au](mailto:CRTraining@ranzcr.edu.au)

