



Director of Training Application Form 3rd 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: _____

Dates of First Term as DoT: _____ to _____

Dates of Second Term as DoT: _____ to _____

DETAILS OF TRAINING SITE

Training Site Name: _____

Head of Department Name: _____

Is this the same Training Site as 2nd Term as DoT? Yes No

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

Has the nominee been a DoT at a different site? Yes No

If yes, name the previous site and dates: _____

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



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 re-appointment to the role of Director of Training:





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

DECLARATIONS:

Head of Department:

I _____ hereby nominate _____

for a 3rd term as Director of Training at (name of training site) _____

Signature: _____

Date: _____

Nominee:

I _____ hereby confirm that I agree to be nominated for a 3rd term as
Director of Training at (name of training site) _____

and I understand that there is an annual requirement to attend one DoT Workshop.

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

I also agree to provide a Succession Plan within 18 months of the commencement of my 3rd term.

Signature: _____

Date: _____

Network Training Director:

I _____ confirm that the network all agree they can continue into a 3rd term
as Director of Training.

Signature: _____

Date: _____

Please return completed form and CV to CRTraining@ranzcr.edu.au

