**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?  No | | | | | | | | | | | |  | | 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](mailto:CRTraining@ranzcr.edu.au)