



Radiation Oncology Training Program Checklist, Application Form and Trainee Compact

The Radiation Oncology Training Program Checklist, Application Form and Trainee Compact are to be submitted once an offer of employment has been made from a RANZCR Radiation Oncology accredited training site or Network and once you have commenced accredited training.

The Radiation Oncology Training Program Checklist, Application Form and Trainee Compact must be submitted electronically.

In order to ensure timely processing of your Radiation Oncology Training Program Application, please ensure that you have:

	Please Check	College Use
Completed all sections of the Radiation Oncology Training Program Application Form	<input type="checkbox"/>	<input type="checkbox"/>
Included a high quality, colour, passport photo no less than six months old <i>When submitting the application via e-mail, 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"/>
Included a certified copy of your Medical Degree Qualification	<input type="checkbox"/>	<input type="checkbox"/>
Included a copy of current Medical Registration	<input type="checkbox"/>	<input type="checkbox"/>
Included 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, rotation dates, specialty area and rotation location</i>	<input type="checkbox"/>	<input type="checkbox"/>
Included 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"/>
Included a copy of your Letter of Appointment to a RANZCR accredited training site or Network.	<input type="checkbox"/>	<input type="checkbox"/>
Included a copy of the Trainee Compact which has been read (and understood) and each page has been initialed, with the last page signed and dated	<input type="checkbox"/>	<input type="checkbox"/>
Combined the Radiation Oncology Training Program Checklist, Application Form, Trainee Compact and all required supporting documents in one PDF file	<input type="checkbox"/>	<input type="checkbox"/>
Submitted the Radiation Oncology 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"/>

Late submission or failure to complete any of the above requirements (which will deem the Radiation Oncology Training Program Application as incomplete), may alter the commencement of accredited training date.

Submission of Radiation Oncology Training Program Application

 E-mail ROTraining@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 Radiation Oncology 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 ROTraining@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 ROTraining@ranzcr.edu.au so that it can be processed in a timely manner.

PLEASE ALLOW TWENTY (20) BUSINESS DAYS FOR COLLEGE PROCESSING.



RADIATION ONCOLOGY TRAINING PROGRAM APPLICATION FORM

Completed Training Program Application and all supporting documents must be received at 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 (Radiation Oncology) via: ROTraining@ranzcr.edu.au

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

FAMILY NAME:	
FIRST NAME:	
OTHER NAME(S): <i>(If applicable)</i>	
PERFERRED NAME:	
DATE OF BIRTH: DD/MM/YYYY	
GENDER:	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
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

<u>WORK ADDRESS</u>		<u>RESIDENTIAL ADDRESS</u>	
DEPARTMENT:			
STREET:		STREET:	
SUBURB:		SUBURB:	
STATE:		STATE:	
POSTCODE:		POSTCODE:	
COUNRTY:		COUNRTY:	
PERFERRED MAILING ADDRESS:	<input type="checkbox"/> WORK <input type="checkbox"/> RESIDENTIAL		

<u>MEDICAL QUALIFICATIONS</u>	<u>OTHER QUALIFICATIONS</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: <i>(must be general)</i>
STATE OR TERRITORY:	COUNTRY:
DATE OF ORIGINAL MEDICAL REGISTRATION: <i>(DD/MM/YYYY)</i>	EXPIRY DATE OF CURRENT MEDICAL REGISTRATION: <i>(DD/MM/YYYY)</i>



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: <i>(DD/MM/YYYY)</i>			
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 HEALTH NETWORK I.E. A SIGNED COPY OF YOUR CONTRACT WITH THE 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 ABOVE TWO YEARS OF TRAINING

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

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.

INDIGENOUS INDENTITY

Do you identify as Aboriginal and/or Torres Strait Island 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.

9 PRIVACY AND CONFIDENTIALITY STATEMENT

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.

10 PAYMENT OF RANZCR FEES

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 Radiation Oncology Training Program will not be confirmed until all fees have been paid.

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 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 2022 – 31 December 2022)

PERIOD	AUSTRALIA (GST Free)	OVERSEAS (GST Free)	NEW ZEALAND (includes NZ GST)
12 Month Annual Training Fee GST will be added if 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" (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.
- **Trainee Approval Letter:** A confirmation of approval of your course of training in the program and associated documents will be provided by email.
- **Access to the ePortfolio System:** Access to the ePortfolio System will be enabled once payment of fees has been confirmed. You will be registered into Phase 1 of Training.
- **Enrolment Confirmation:** Enrolment into the training program will not be confirmed until **all** application information has been received and fees paid.

- 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 Radiation Oncology Training Program.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



FACULTY OF RADIATION ONCOLOGY TRAINEE COMPACT

The Royal Australian and New Zealand College of Radiologists (**the College**) is committed to ensuring that radiation oncology specialist training is undertaken in an appropriate environment and that radiation oncology trainees are aware of their rights and obligations. This document sets out intentions for a trainee undertaking specialist training in radiation oncology 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 radiation oncology 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 Radiation Oncology Training Program and requirements for trainees are set out in the Radiation Oncology Learning Outcomes (**Learning Outcomes**) and the Radiation Oncology 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 the document and 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 Radiation Oncology Training Program Application Form is received by the College prior to or within two weeks of the commencement of the accredited training date.
2. I confirm that I am eligible to commence accredited radiation oncology training as I have met all the current pre-requisites for entry into the Radiation Oncology 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 Radiation Oncology 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 conditions, restrictions 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 restriction 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 this 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 Radiation Oncology Training Program.
9. I agree that while the College (and its agents) is my accredited education 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 to 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 Radiation Oncology Training Program within the time limits required.
20. I will develop the necessary skills and attributes associated with the competencies of the Radiation Oncology 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 all documentation or material provided to me by the College during the course of the Radiation Oncology Training Program is owned by the College, that the College has Intellectual Property rights in all documents and that I cannot therefore use them for purposes other than the Radiation Oncology 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 Radiation Oncology 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, Clinical Supervisor, Training Network Director, or Education Support Officer and to seek their guidance in resolving any concerns. Conflict resolution may be achieved outside this relationship at a departmental, administrative, Network or College level, where necessary.
24. I agree to the results of my examinations, assessments and Radiation Oncology Training Program activities being provided directly to my Director/s of Training, Training Network Director, external organisations or other such persons as may be required from time to time by the College, Chief Censor, Radiation Oncology Education and Training Committee (ROETC) and the Faculty of Radiation Oncology Council.

Trainee Initials: _____

- 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.
- 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 radiation oncology training, and of providing clinical services to patients, in the training site(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 Radiation Oncology 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 Radiation Oncology 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 that it is my responsibility to update the e-Portfolio System (or any comparable system) at the beginning of each rotation and when required.
- 31.** 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.
- 32.** I understand that I am appointed to a Network and based at a training site, and that I and that I will rotate to a separate site for a minimum of 12 months (in total) at 1.0 FTE.
- 33.** I understand that it is my responsibility to ensure progression through the training program in line with Learning Outcomes and the Training Program Handbook. Failure to do so will be assessed by the Radiation Oncology Chief Censor and/or the ROETC or by the College CEO, with possible withdrawal from the training program.
- 34.** I understand that I am expected to complete my training according to the Phases of training, within the maximum timeframe within each Phase 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.

Trainee Initials: _____

35. I understand the need to maintain and provide to the College documentation relating to my Radiation Oncology Training Program requirements and to ensure my e-Portfolio is current.
36. In order to satisfy full Radiation Oncology training requirements, I must satisfy all the requirements for training and progression as set out in the Training Program Handbook.
37. I am aware that the College will not adjust any marks for any aspect of assessment or examinations because of ill health or other circumstances and the minimum passing standard is required to be met.
38. I understand that with reference to my examination sittings, the College will not provide me with my personal examination material which includes any breakdown of my marks or personal responses to questions/cases, 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.
39. 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 Radiation Oncology Training Program. An extended absence from the training program would be considered to be 12 months or more of continual absence from the training program.
40. I agree to adhere to all College policies in relation to my training and the membership of the College and to comply with all regulations and reasonable directions of the College.
41. I understand that it is my responsibility throughout my training to access updates to the College policies which are available on the College website www.ranzcr.com.
42. I agree to abide by the principles contained in the RANZCR *Code of Ethics*. I understand any member who breaches the Code may be brought to the attention of the RANZCR Board.
43. 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*.
44. I am aware of the existence, content, timelines and application process for the College's *Consideration of Special Circumstances Policy*.
45. 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 Radiation Oncology Training Program.
46. 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 rotation (pro-rata for shorter rotations), 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: _____

47. I acknowledge that I am aware of the existence and content of the College's *Grievance Policy* which relates to discrimination, harassment and bullying.
48. I acknowledge that I am aware of the existence and content of the College's *Reconsideration, Review and Appeal 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.
49. I acknowledge that I am aware of the existence and content of the College's *Performance and Progression Policy, Remediation in Training Policy* and *Withdrawal from Training Policy* and agree to participate in any College review process in relation to my performance and/or progression.
50. 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 Radiation Oncology Training Program.
51. I am aware of the existence, content, timelines and application process for the College's *Recognition of Prior Learning Policy*.
52. 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 and Training Network Directors), 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: _____ / _____ / _____

Trainee Initials: _____