



Director of Training Nomination Form

(to be completed by the Head of Department)

*** Please Attach the Nominee's Curriculum Vitae ***

DETAILS OF NOMINEE FOR DIRECTOR OF TRAINING (DoT)

Name of Nominee for Director of Training: _____

RANZCR Membership ID _____

Date Fellowship of RANZCR Awarded: _____ / _____ / _____
Day Month Year

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

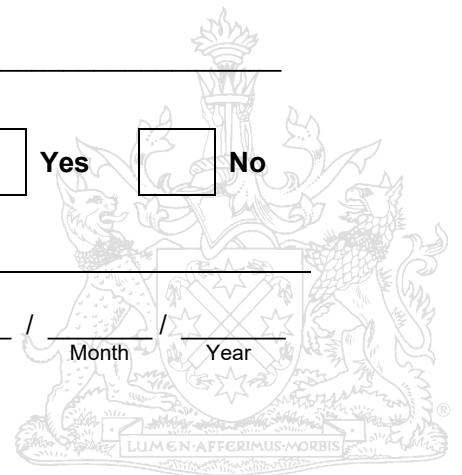
If yes, name the Outgoing DoT: _____ End Date: _____

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: _____ / _____ / _____
Day Month Year Day 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 will be allocated to the DoT role:

Hours Per Week

Please indicate the arrangement of the allocation of protected time e.g. what days of the week will protected time be allocated etc.

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

What is the current FTE of the nominee in the department:

Per Week

Please indicate the FTE arrangements and site location of the nominee each day of the week:

	Monday	Tuesday	Wednesday	Thursday	Friday
Site					
AM					
PM					

Please note: A DoT is to spend at minimum 80% of a week (4 out of 5 days) at the training site in which they have nominated to become a DoT. In the event that there is a co-DoT arrangement at a particular training site, the site will have to demonstrate that there is appropriate onsite supervision shared by the DoTs over (at minimum), 80% of the week (i.e. 4 out of 5 days) at the site.



TRAINEE COMPOSITION

Please indicate the number of trainees at the site each day of week:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Accredited

Please indicate the total number of trainees at the site:

Un-Accredited

SUPPORT MECHANISMS

Please indicate what support mechanisms will be provided to assist the nominee in their role.

NOMINEE SUITABILITY

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