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(Do Not Tape or Staple)

2020 SERIES 1 FRANZCR RADIATION ONCOLOGY PHASE 2 EXAMINATION APPLICATION FORM

1. RETURN COMPLETED APPLICATION FORM TO:

Mail (by Express or Registered Post) Exams Officer, Specialty Training Unit (Radiation Oncology) RANZCR, Level 9, 51 Drutt Street, Sydney NSW 2000

E-mail julia.snedic@ranzcr.edu.au E-mailed applications to be scanned in ONE PDF file. Passport photo to be included as a .jpg or .png ONLY.

Completed applications to be received prior to application closing date and include all sections completed. Pre-Phase 2 Interview form to be included. TIMS assessments to be completed.

2. APPLICANT DETAILS

RANZCR ID: [ ] [ ] [ ] [ ] [ ] [ ]

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

MOBILE/CELL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

CURRENT ACCREDITED TRAINING SITE: \_\_\_\_\_

3. EXAM DATES, EXAM SITTING, CLOSING DATE AND WRITTEN EXAMINATION LOCATION

EXAMINATION DATES: Writtens: Monday 10 February and Tuesday 11 February 2020 Vivas: Monday 30 March to Friday 3 April (To be Confirmed), Victoria

APPLICATION CLOSING DATE: Wednesday 12 December 2019

Applications MUST be received complete by 4.00pm AEDT

Late, incomplete or faxed applications WILL NOT be accepted.

EXAMINATION SITTING: [ ] ALL Components: Radiation Therapy / Clinical Oncology / Pathology [ ] Radiation Therapy / Clinical Oncology components ONLY [ ] Pathology components ONLY

EXAM LOCATION PREFERENCES: 1. \_\_\_\_\_ 2. \_\_\_\_\_

NOTE: Limited number of written locations available. Centralised to one site per Network. Not possible to accommodate the preferences of all candidates.

4. CONFIRMATION: DIRECTOR OF TRAINING (DoT) / TRAINING NETWORK DIRECTOR (TND)

I can confirm that Dr \_\_\_\_\_:

[ ] has completed all required training program assessment requirements and no assessments are regarded as outstanding. I have verified their completion on their TIMS profile (home and assessment pages).

NAME: \_\_\_\_\_ POSITION: [ ] DoT [ ] TND

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 5. TRAINEE AGREEMENT, EXAMINATION RESULTS, COLLEGE POLICIES, EXAMINATION WITHDRAWAL

### APPLICATION AGREEMENT:

- I understand that acknowledgement of my received application will be sent to me via e-mail within **10** business days of being received at the College office. I shall only contact the College if I have not received an acknowledgment within **10** business days. Confirmation of receipt of application will NOT be provided via phone.

### EXAMINATION RESULTS:

- I understand and consent to my examination result being sent to:
- Me via e-mail notification (within **10** weeks of sitting the written examination component) and will be sent to the e-mail address I have provided on the first page of this application;
  - My DoT (site at time of applying for exam) and TND within **2** business days of the results being sent to me;
  - Appropriate Officers and Committee members of the College and institutions connected with my training (including hospital, health or education institutions and other jurisdictions) employed or engaged with.

### EXAMINATION WITHDRAWAL:

- I understand that I must inform the College in **writing** (e-mail acceptable) of my withdrawal from the examinations.
- If you withdraw up to four weeks before the exam, there is no financial penalty. If you withdraw within four weeks of the exam, you will be refunded 50% of the exam fee. (Applicable from written examination date).

### PRE-PHASE 2 EXAM INTERVIEW FORM:

- I have included a copy of the completed Director of Training and Trainee Pre-Phase 2 Exam Interview Form with my examination application. Form available at: [Pre Phase 2 Exam Interview Form](#)

### POLICIES:

Please refer to the College website:

[Eligibility and Readiness to Sit Phase 2 Examination](#)  
[Consideration of Special Circumstances Policy](#)  
[Reconsideration Review and Appeal of Decisions Policy](#)  
[Description and Rules for Determination of Results – Phase 2 Exams](#)

- I have completed all required training program assessment requirements and no assessments are regarded as outstanding on my TIMS profile (assessment and home pages);
- I have read and am aware of the content and observance of the above College policies;
- I understand and accept the conditions set out in the agreement above;
- I understand that if I have not complied with the application requirements my application will not be accepted.

APPLICANT'S SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 6. PAYMENT OF FRANZCR EXAMINATION FEES

Examination Fee 2020		
Full Sitting	AUD\$5,445	NZD\$6,045
Radiation Therapy / Clinical Oncology Only	AUD\$3,795	NZD\$4,210
Pathology Only	AUD\$1,895	NZD\$2,105

All examination fees are now paid via the College's online MyRANZCR Member Portal. MyRANZCR provides members with a convenient, secure and reliable online self-service experience.

## 7. EXAMINATION TIMELINE

- **Application Acknowledgement:** An acknowledgement of receipt of application will be emailed within **5** business days of the application being received at the College office.
- **Assessment Completion:** All assessments are required to be completed at the time of applying. Applications will not be accepted with outstanding assessments or false declaration of completion (including DoT confirmation).
- **Examination Fee:** An invoice will be drawn within **14** days after the application closing date, and an email notification will be sent once available for payment. Invoices need to be paid within **2** weeks of the written examination date.
- **Written Examination Verification:** Information on the examination will be emailed **2** weeks prior to the examination.
- **Viva Examination Verification:** The clinical viva component of the examinations is held over a **3** day period. The College cannot provide confirmation of the days each candidate will sit until **2** weeks prior to the examination. Candidates should accordingly make their travel and accommodation bookings to encompass the 3 day exam period.