

This form is interactive and can be filled in on your computer/tablet before printing and signing.

Mac users: Open with Adobe Reader.

Tablet users: Open with Adobe Reader app (free from app stores).



Part-time training form

To be completed by trainees who are commencing part-time training under the Fellowship Regulations 2012.

Please submit this form to your Director of Training, who will then forward it to the relevant Branch Training Committee (BTC) or delegated committee for approval before sending it to the College training department (details below), at least 1 month before the proposed change in full-time equivalent (FTE) status.

Email: training@ranzcp.org; **fax:** +61 3 9642 5652; **post:** RANZCP, Training, 309 La Trobe Street, Melbourne VIC 3000, Australia.

Changes to FTE status may affect your fees. For further information, refer to the Part-Time Training Policy and the fee schedule.

RANZCP ID

Trainee name

Contact address* (please indicate) Personal Business

.....
.....
.....
.....

Mobile phone*

Email address*

*Your details will be updated on the College database if they don't match the existing records.

Proposed change in FTE status[†] 0.5 0.6 0.7 0.75
(mark as appropriate) 0.8 0.9 Other (specify)[‡]

0.0 please use the Break-in-training form

[†]Half-time fees apply when training is completed at 0.5 FTE over the whole training year or when only one semester (or less than 6 months training) is to be completed.

[‡]In exceptional circumstances, the Committee for Training (CFT) can approve training at less than 0.5 FTE (but no less than 0.3 FTE). Supportive documentation **must** be attached. For more information, refer to the Part-time Training Policy.

Proposed dates From To

(dd/mm/yyyy)

Note: a new form must be submitted for approval if FTE status changes prior to the expected end date.

Reason for change to FTE status

TRAINEE DECLARATION

In requesting this change to my FTE status, I confirm:

- that I am familiar with the implications that prolonged training may have under the Failure to Progress Policy
- that I am aware of the fee implications of part-time training, as per the published fee schedule, and I will pay the relevant fees to maintain my training status with the College.

Trainee signature Date

DIRECTOR OF TRAINING

I approve this change to FTE training status.

Director of Training name (print)

Signature Date

Committee use only		
BTC approved	Yes	No
BTC referring to Head Office for inclusion on relevant committee agendas (CFT, SAT)*		

*If a trainee is applying for training at less than 0.5 FTE, the approved form and supporting documentation must be submitted to the relevant committee(s) for review and approval.

<i>Office use only</i>	
Date received by Head Office
Expected date for presentation to SAT <i>(if applicable)</i>
Date presented to SAT
Expected date for presentation to CFT <i>(if applicable)</i>
Date presented to CFT
Date Training Record updated