|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Title: | | | | College ID: | | | | | |
| First name/s: | | | | Family name: | | | | | |
| Postal address: | | | | Town/Suburb: | | | | | |
| State: | | | Postcode: | | | | Country: | | |
| Phone (Mob): | |  | | | Email: |  | | | |
| Are you a Fellow or Affiliate of the College? Please specify: | | | | | | | | | |
| What is your field of specialty? (eg child & adolescent, adult): | | | | | | | | | |
| Have you received formal notification of a requirement to participate in the SPRP from the Medical Board of Australia (MBA) / Medical Council of New Zealand (MCNZ)? | | | | | | | Yes[[1]](#footnote-1) | No |
| In summary, what is the main reason for participating in the program? | | | | | | | | |

**The SPRP is based on adult learning principles.**

|  |  |  |
| --- | --- | --- |
| Are you familiar with this style of learning? | Yes | No |

**The SPRP will require formal clinical and professional supervision. This person will be referred to as your SPRP Educational Supervisor.**

|  |  |  |
| --- | --- | --- |
| Has an educational supervisor already been assigned to you by the MBA / MCNZ? | Yes | No |
| Has an educational supervisor already been assigned to you by the RANZCP? | Yes | No |
| If you do not already have an educational supervisor appointed to your program, have you approached any RANZCP colleague/s regarding this to-date? If yes please provide their details: | | |

**Application to the SPRP**

|  |  |
| --- | --- |
| I have read and understood the [Specialist Performance Remediation Outline (ranzcp.org)](https://www.ranzcp.org/files/cpd/remediation/specialist-performance-remediation-outline.aspx) and am aware that the RANZCP will liaise directly with me, the appointed Educational Supervisor and applicable regulatory authority in the development of a tailored specific program to meet my needs. Details, including costs, commencement date and obligations, will be included in a contractual arrangement between myself and the RANZCP and this application serves only as an initial notification to commence the process.Signature[[2]](#footnote-2): | Date: |

**For any further information contact the CPD Team:**

Tel: +61 3 9640 0646 or Email: cpdhelp@ranzcp.org

1. Please provide a copy of the notification with this application. [↑](#footnote-ref-1)
2. If required in addition to any electronic submission. [↑](#footnote-ref-2)