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| **Rural Hospital Medicine Training Pathway- Application form 2017 intake** | Please attach a set of four recent passport photographs here |

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| Personal Details |
| Please give your name as registered with the NZ Medical Council. If you are known by another name please state |
| Family name | Click here to enter text. |
| Given name(s) | Click here to enter text. |
| Preferred nameIf different from above | Click here to enter text. |
| Address | Click here to enter text. |
| Phone Include area code | HomeClick here to enter text. | WorkClick here to enter text. | MobileClick here to enter text. | FaxClick here to enter text. |
| Email | Click here to enter text. |
| Alternative contact person | This alternative is needed should we have any difficulty in contacting you with the details given above Name Click here to enter text.Phone Click here to enter text. |
| Your date of birth | Choose an item. | Choose an item. | Enter year |
| Gender | [ ]  Female [ ]  Male  |
| Are you a New Zealand citizen? | [ ]  Yes [ ]  No |
| Immigration status Disregard this section if you are a NZ citizen | Do you have permanent resident (PR) status? [ ]  Yes [ ]  No |
| If you do not have PR status, have you applied? [ ]  Yes [ ]  No |
| When was the application for PR status made? Click here to enter a date. |
| When do you expect to gain your PR status? Click here to enter text. |
| Ethnicity (Alphabetical order) [ ] Asian Click here to enter text. [ ] European Click here to enter text.[ ] Máori [ ] New Zealand EuropeanIwi Click here to enter text. [ ] Pacific Islands- Click here to enter text.Rohe (Iwi area) Click here to enter text. [ ] Other Click here to enter text. |

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| Formal Qualifications, Courses and Certificates |
| Please list all professional qualifications and attach documentary evidence |
| Qualification / Certificate | Granting body | Year of completion |
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| Medical Registration |
| Date of registration in NZ |  |
| NZ Medical Council Registration No. |  |
| Type of registration | [ ] General scope [ ]  Provisional general scope[ ] Other (specify) Click here to enter text. |
| Expiry date of current practising certificate |  |

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| Clinical Experience |
| New Zealand Clinical School attended[ ] Auckland [ ] Waikato [ ] Wellington [ ]  Christchurch [ ] Dunedin [ ]  Not applicable |

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| Hospital posts – Postgraduate Year 1 and 2 |
| Hospital | Type of position | Starting date | Finishing date | 10ths per week | No of weeks |
|  | Run | (SHO etc) |  |  |  |  |
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| Hospital posts – Postgraduate Year 3 and beyond |
| Hospital | Type of position | Starting date | Finishing date | 10ths per week | No of weeks |
|  | Run | (SHO etc) |  |  |  |  |
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| Hospital posts – Postgraduate Year 3 and beyond continued |
| Hospital | Type of position | Starting date | Finishing date | 10ths per week | No of weeks |
|  | Run | (SHO etc) |  |  |  |  |
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| Postgraduate Rural General Practice Education Programme placement completed *(if applicable)* |
| Name of practice | Location of practice | Starting date | Finishing date | 10ths per week | No of weeks |
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| Other General Practice |
| Name of practice | Location of practice | Starting date | Finishing date | 10ths per week | No of weeks |
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| Other experience |
| Name of organisation | Type of organisation & position held (private A&E clinic, etc.) | Starting date | Finishing date | 10ths per week | No of weeks |
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| Rural experience and interest |
| Please describe any experience you have in the rural environment and outline your interest in rural health |  |

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| Other information |
| Submit any other experience, information (eg gaps in your career, family commitments) that you wish to be considered. Use another sheet if necessary |  |

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| Nature of Application |
| This question is for Division information. You will need to contact the DHB / educational body to apply | What runs/clinical practice are you seeking for next year? . . . and where? |
| Please outline any recognition of prior learning and time credit sought |
| Part time positions are usually available to registrars who are unable to participate in the programme full time | [ ]  I wish to apply for a part-time position at \_\_\_\_\_\_\_\_\_\_\_\_\_ tenths for the following reasons: |
| Which training pathway do you anticipate completing? | [ ]  FDRHMNZ[ ]  FDRHMNZ & FRNZCGP[ ]  FDRHMNZ & Fellow of College of Urgent Care Physicians (FCUCP) |

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| Referees |
| The names of two referees are required. These should be doctors with whom you have worked and who are agreeable to being approached by the Division for a reference |
|  | **Referee 1** | Referee 2 |
| Name |  |  |
| Address |  |  |
| Email |  |  |
| Phone / Fax |  |  |

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| Disclosure |
| If a declaration is received it will be kept confidential to senior Division staff and will not form part of the application record |
| The Division requires applicants to declare any health issues that may impact on their ability to practice competently and safely, and any unresolved complaints, disciplinary procedures or previous criminal convictions. This applies both at the outset of the programme and on an ongoing basis | [ ]  I acknowledge this requirement[ ]  I have attached a declaration on a separate sheet |

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| Marketing Survey |
| How did you hear about the Rural Hospital Medicine Training Pathway? |
| [ ]  Advertisement[ ]  Internet[ ] Word of mouth- please specify who provided the information and their role Click here to enter text.[ ]  Other Click here to enter text. |

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| Declaration |
| **Please read then sign this declaration**I certify that all particulars are to the best of my knowledge true and correct.I give permission for the Division to obtain a confidential report from my nominated referees.I give permission for my application information and referee reports to be forwarded to Educational Facilitators and Rotational Supervisors on the programme.Signed Click here to enter text. Date Click here to enter a date.  |

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| Checklist Tick here |
| Did you refer to the information for applicants’ sheet before completing this application? If you are uncertain about any aspect, please contact the Division. |  |
| Have you rechecked your application form and ensured it has been correctly completed? |  |
| Have you signed the declaration on this page? |  |
| **Have you enclosed (where applicable)**A copy of your CV *(optional)*Four passport sized photos Certificates relating to overseas training, College memberships, postgraduate papers, etc Confidential disclosure re complaints, health issues, etcAdditional information *(state no. of sheets)* |  |
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# The application closing date is 21/03/2017

## Interviews will be held in April 2017.

**The commencement date of training is 11 December 2017.**

# Send your application to by post or email:

RNZCGP

PO Box 10 440

Wellington 6143

Senior Advisor Rural

Phone: 04 550 2829

Email: drhmnz@rnzcgp.org.nz