**Part Time Training**

**Purpose**

This form is used for registrars on the Independent Pathway or Rural Generalist Training Scheme to apply to train part-time (total training less than 38 hours per week) as per the [Training Time Policy](https://www.acrrm.org.au/docs/default-source/all-files/training-time-policy.pdf?sfvrsn=9e425ba0_8)[.](https://www.acrrm.org.au/resources/training/policies)

Save the form in word and email completed form to training@acrrm.org.au

**Personal details**

|  |  |
| --- | --- |
| Registrar name  |          |
| Training Pathway  | [ ]  Independent Pathway [ ]  Rural Generalist Training Scheme |
| ACRRM membership number |       |
| Phone number |       |
| Email address |       |
| Date of application |       |

**Part time details**

|  |  |
| --- | --- |
| Hours per week |       |
| Proportion of FTE |       |
| Start date |       |
| End date (if known) |       |
| If your hours are not regular or you are working across more than one facility, please provide further information.                     |

**Registrar declaration**

I hereby declare that the information provided by me on this form is true and accurate. [ ]

I will notify my Training Officer when changing my hours of work. [ ]

I have read and agree to these terms and conditions the [College’s Privacy Policy](https://www.acrrm.org.au/privacy). [ ]

**College**

For office use only

|  |
| --- |
| Training Officer |
| Placement supported | [ ]  Yes [ ]  No  |
| Name |       |
| Date |       |
| Comments |            |
| Director of Training |
| Approved | [ ]  Yes [ ]  No  |
| Name |       |
| Date |       |
| Comments |                 |