**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](mailto: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 |  |