

Remediation

Purpose

This form is to be used for Training Organisations seeking approval for a remediation plan and budget as per the [Remediation policy](#).

Personal details

Registrar name	
ACRRM membership number	
Training Organisation	
Date training commenced	
Current training term	
Current training post	
Date of application	

Details of request

What are you seeking (tick all that apply)			
Plan approval	Funding	Suspension of training	Further extension to training
Other (please detail)			

Why is remediation required?

Identified issues/problems

Activities undertaken previously to address these issues

What was the outcome

Learning objective/s

Planned activities	Timeframe	Outcome
Expected start date		
Expected end date		

Overall expected outcome/achievement (please choose from the options below)

Resume usual training

May require further remediation

Removal from training

Agreements

All parties to the remediation plan must agree to participate. Complete all sections below.

Registrar

I have reviewed the remediation plan and I agree to participate in this plan.

Name	
Signature	
Date	

Supervisor

I have reviewed the remediation plan and I agree to participate in the supervisor activities in this plan.

Name	
Signature	
Date	

Medical educator

I have reviewed the remediation plan and I agree to participate in the medical educator activities in this plan.

Name	
Signature	
Date	

Director of Training (or delegate)

I have reviewed the remediation plan and budget and support this application.

Name	
Signature	
Date	

Remediation budget and reporting

Reporting is required three monthly or at key milestones.

Planned activity	Details	Cost	Report date

Total budget	
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Further information about the collection of personal information is available in the [College's Privacy Policy](#). The Privacy Policy contains information about how you may access and seek correction of your personal information and how you can complain about a breach of the Australian Privacy Principles.

I agree to these terms and conditions and have read the Privacy Policy.

Please send this form to:

ACRRM Training Officer

GPO Box 2507

Brisbane QLD 4001

Tel: 07 3105 8200

Fax: 07 3105 8299

Email: training@acrrm.org.au

ACRRM use only

Checked by Training Coordinator/Officer

Yes

Notes

Checked by Training Manager

Yes

Notes

Director of Training

Approved

Not approved

Specific details of approval/Reason for non-approval