



Academic Post 2022 Orientation Report

Please submit this report to your Senior Medical Educator for sign off and then submit to ACRRM via training@acrrm.org.au **COB 31 March 2022**

Registrar's Name:	
RTO:	
Medical Educator Name:	
Supervisor Name:	
Institution:	
Project Title:	
Training Term Start Date:	

How many academic hours are you currently doing per week?			
Research:		Teaching:	
Were these hours negotiated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you satisfied with the split of hours?	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
Comments:			

RTO Orientation	
Did your RTO involve you in salary negotiations with your university?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Were you kept informed of progress and advised of outcome?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a dedicated Academic Post Medical Educator for the post? How long did it take to organise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Has your RTO outlined how to access your PDF/RRF Funding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Comments:	
University Orientation	
Was your desk, computer and library access available on your start date? If not how long did it take to organise?	Yes <input type="checkbox"/> No <input type="checkbox"/>



Did a university representative give you a tour of the Department and introduce you to your research colleagues?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Did you begin receiving your salary at the commencement of your Academic Post? If not how long did this take to organise?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Comments:	
Research	
Have you submitted your ethics application? If yes, has it been approved or where is it up to? If no, what is the progress of the ethics application?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Registrar Declaration: I certify this is an accurate progress report.	
Signature:	
Date:	
Medical Educator Declaration: I certify that I have viewed this report and will address any issues that have arisen.	
Signature:	
Date:	