



Application for Approval to Undertake an ACRRM AST Post

Purpose	
<p>This form is to be completed by the registrar prior to applying for an AST year(s) In order to get the best results from ACRRM training, registrars need to discuss and explore their training plans and terms sequence with their ACRRM Medical Educator (ME).</p> <p>Completing this form and forwarding it to your ACRRM ME and Training Officer (TO) will initiate a discussion with you regarding your AST plans.</p> <p>Registrars need ACRRM ME approval to undertake an AST post prior to arranging a placement.</p>	
Registrar Name:	
Date:	
Current Location:	Current Term:
What AST discipline do you want to undertake?	
Where?	
When?	
Is this post currently accredited with ACRRM?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you read the relevant AST Handbook ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please give reasons as to why you have selected this discipline:	
Do you have any plans as to where you would like to work after completing your AST training?	
Do you have any plans as to how your AST qualification will be applied?	
<input type="checkbox"/> CV attached <input type="checkbox"/> ACRRM Training Plan attached	
<p>Please send this form with attachments to your ACRRM ME and TO as soon as you decide your AST discipline and desired timing and location</p>	

Registrar Signature
<div style="display: flex; justify-content: space-between; margin-top: 10px;"> Registrar Signautre Date </div>



Office Use Only

Discussed with ACRRM RDoT and/or Delegated ME

ACRRM RDOT and/or Delegated ME Name Approved? Date

Discussed with proposed AST site Director/Supervisor

Director/Supervisor Name Approved? Date

ACRRM RDOT and/or Delegated ME Name Approved? Date

Discussed with RCGU Representative (Applies to RCGU only)

RCGU Representative Name Approved? Date

ACRRM RDOT and/or Delegated ME Name Approved? Date

ACRRM National AST Team

ACRRM National AST Team Name Approved? Date