



Leave from a College Program

Purpose

This form is used for registrars to apply for Additional Leave as per the [Leave from Training Policy](#) or doctors in other College programs seeking leave.

Leave may be applied for when not working or undertaking work that is not able to count towards program requirements. Up to 12 months leave may be applied for at a time.

Registrars may apply for fee waiver or payment plan while on leave. See the [Financial Hardship Policy](#).

Personal Details

Doctor's name	
College program name	
ACRRM membership number	
Phone number	
Email address	
Date of application	

Details of leave

Start date	
End date	
Reason for leave	

Registrar declaration

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

I understand I must maintain my College Membership and Training Support Fee whilst on leave unless alternative arrangements have been approved.

I will notify my Training Officer when returning from leave before the leave end date or apply for another period of leave.

Privacy notice

I understand the Australian College of Rural and Remote Medicine ("the College") collects, stores and discloses my personal information for the purposes of providing training programs, for research or statistical purposes and to promote services which the College considers may be of interest to me. This information may be collected directly from me in my dealings with the College. To fulfil the purposes set out above, my personal information may also be collected from or passed onto external bodies which usually includes medical colleges, government organisations and associated training providers, or as otherwise permitted or required by law.

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

Signature	
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Please send this form to:

ACRRM Training Officer
GPO Box 2507
Brisbane, QLD 4001

Email: training@acrrm.org.au

Tel: 07 3105 8200 Fax: 07 3105 8299

Office use only

Training Officer name	
Comments	
Date	
Medical Educator name	
Comments	
Date	
Director of Training name	
Comments	
Approved	Yes No
Date	