

# ACRRM Placement Confirmation Form

## Purpose

This form is to confirm training placement information for registrars on the ACRRM Fellowship Pathway. Completed forms are to be submitted to ACRRM via your relevant regional training inbox.

[training.nswact@acrrm.org.au](mailto:training.nswact@acrrm.org.au)

[training.sa@acrrm.org.au](mailto:training.sa@acrrm.org.au)

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[training.qld@acrrm.org.au](mailto:training.qld@acrrm.org.au)

**Placement/s will not be approved without a completed ACRRM Placement Confirmation Form.**

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**Registrar Name:**

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**Registrar Membership number:**

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## Training Information:

Which component of training do you plan to meet at this placement?  AST  CGT

If Core Generalist Training (CGT), indicate the requirement/s you plan to meet below:

Rural and Remote  Primary Care  Secondary Care  Emergency Care

If Advanced Specialised Training (AST), indicate the discipline below:

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Aboriginal & Torres Strait<br>Islander Health | <input type="checkbox"/> Academic Practice  | <input type="checkbox"/> Adult Internal Medicine |
| <input type="checkbox"/> Anaesthesia                                   | <input type="checkbox"/> Emergency Medicine | <input type="checkbox"/> Mental Health           |
| <input type="checkbox"/> Obstetrics & Gynaecology                      | <input type="checkbox"/> Paediatrics        | <input type="checkbox"/> Palliative Care         |
| <input type="checkbox"/> Population Health                             | <input type="checkbox"/> Remote Medicine    | <input type="checkbox"/> Surgery                 |

**Placement Information:**

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Training Post Name:

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Training Post Address:

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Town/Suburb:

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State:

Post Code:

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Supervisor Name:

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Is the supervisor working onsite at your training post?

Yes  No

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If no, is the supervisor approved for [remote supervision](#)?

Yes  No

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Please provide the supervisors planned FTE at the training post:

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If this placement is an AST Academic Post, who is your Academic Supervisor:

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**Placement Start Date:**

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**Placement End Date:**

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**Registrar's Planned FTE:**

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Is your employment contract a single employment model (SEM)?

Yes  No

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Is the training post an Aboriginal Medical Service (AMS)?

Yes  No

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Does your placement include Visiting Medical Officer rights (VMO)?

Yes  No

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Placement Branch/Associated Site(s):

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Branch/Associated Site Supervisor(s):

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### Placement Terms and Conditions

- We confirm there is an employment agreement in place for this placement that meets the National Terms and Conditions of Employing Registrars
- [General Practice Registrars Australia – NTCER Guide](#)
- [General Practice Supervisors Australia – NTCER Information](#)
- We confirm that there is no conflict of interest between the supervisor and the registrar

### Privacy Agreement

We understand the Australian College of Rural and Remote Medicine ("the College") collects, stores and discloses our 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 us.

This information may be collected directly from us in our dealings with the College. To fulfill the purposes set out above, our 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 here 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.

### Declaration

- We declare the information in this form is true and accurate.

### Please note:

- Your placement/s will not be counted towards your training without the submission of this form to generate placement approval, endorsement of Medicare Provider Number application/s, and initiation of relevant registrar, supervisor, or post payments.
- Eligible Training Post must provide the employment agreement to allow processing of salary support payments for AGPT registrars. Refer to [AGPT Salary Support Program Policy](#) for eligibility.

|                                    |  |       |
|------------------------------------|--|-------|
| _____                              | _____                                  | _____ |
| Registrar Name                     | Registrar Signature                    | Date  |
| _____                              | _____                                  | _____ |
| Training Post Representative Name: | Training Post Representative Signature | Date  |
| _____                              | _____                                  | _____ |
| Supervisor Name                    | Supervisor Signature                   | Date  |

**ACRRM Internal Use Only**

Medical Educator or Regional Director of Training approval required.

Approved

\_\_\_\_\_

Name

\_\_\_\_\_

Role

\_\_\_\_\_

Date

**Comments**

If not approved, please provide details:

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**Regional Team Administration**

Placement confirmation form has been reviewed by regional delegate?

If the single employment module question is ticked yes and registrar is eligible for payments. Confirm you have sent the training posts the single employment model payment declaration.

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Placement notes for field in Aptify:

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Comments/Extra Notes

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