**TRAINING PLAN**

For applicants applying for

**Limited Registration – Post Graduate Training and Supervised Practice**

1. Family name
2. Given name
3. Name and location of **general practice(s)** where the IMG will be employed
4. Outlined the overall objective of training e.g. end goal/results
5. Purpose of training
6. Duration of training
7. Location of training
8. Content of training
9. Structure of training
10. Outline the assessments that will be undertake as part of the training

I/we certify that the above training plan accurately reflects the nature of the training for the position.

 Signature of Supervisor

 Name (please print)

 Position

 Date

 Signature of Employer

 Name (please print)

 Position

 Date

 Signature of applicant

 Name (please print)

 Position

 Date