



Verification of Clinical Experience Proforma

Purpose

This proforma is provided for a supervisor or work colleague to verify information regarding a doctor's clinical or academic experience. The completed form may be used by the doctor to support an application for this experience to count towards a College training program. Please send the completed form to the doctor who made the request.

If you have any questions regarding the form, please contact an ACRRM Training Officer on 07 3105 8200 or email training@acrrm.org.au for further information.

Applicant and health service details

Name			
Health Service name			
Department (if applicable)			
Applicant's position			
Hours worked			
Employment start date		End date	

Supervisor details

Name			
Phone number			
Email address			
Qualifications			
Your position			
Were you the direct supervisor?	Yes	No	
If no, describe your relationship			

Experience details

Describe the work environment	
Describe the applicant's scope of practice	
Describe the level of responsibility in this role	
Describe the applicant's performance in this role	



Was the applicant's practice assessed and by whom?	
What skills, knowledge and experience did the applicant gain?	
What were the applicant's strengths?	
What were the applicant's areas for improvement?	
Any further information you would like to add?	

Declaration

I declare that the information I have provided is accurate and truthful and that I do not have a professional or personal relationship with the applicant that precludes me from making an objective assessment in this reference.

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.

Date (form completed)	
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