**Assessment Enrolment Approval**

**Purpose**

This form is for registrars seeking approval, to reattempt an assessment in accordance with the [Assessment Eligibility Policy](https://www.acrrm.org.au/docs/default-source/all-files/assessment-eligibility-policy.pdf?sfvrsn=bcf9fecc_14).

Please send this form to your ACRRM Training Officer/Training Program Advisor via the regional email [here](https://www.acrrm.org.au/fellowship/discover-fellowship/training-regions).

**Personal details**

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| Registrar name | Click or tap here to enter text. |
| Membership Number | Click or tap here to enter text. |
| Training Pathway | Click or tap here to enter text. |
| Date of application | Click or tap to enter a date. |

**Assessment enrolment details**

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| Assessment type | Click or tap here to enter text. |
| Assessment date (semester and year) | Click or tap here to enter text. |
| Number of previous attempts for this assessment type | Click or tap here to enter text. |

**Registrar comments**

Please provide a reason to support your readiness to enroll including details of additional learning and support undertaken since last assessment attempt.

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| Click or tap here to enter text. |

**Medical Educator comments**

Please provide a reason to support to enroll including details of additional learning and support undertaken since last assessment attempt.

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| Click or tap here to enter text. |
| **Medical Educator Endorsement**  **Name:** Click or tap here to enter text.  **Date:** Click or tap to enter a date.  Supported  Not Supported  Specific Details of Support/Reason for non-support  Click or tap here to enter text. |

**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 [here](https://www.acrrm.org.au/footer/privacy) 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.

**ACRRM Office use only**

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| **Request for 3rd attempt** |
| Checked by Training Officer/Training Program Advisor  Notes: *Attach an Aptify report showing the full assessment history, including number of attempts and dates for all assessments, remediation or review panel outcomes.* |
| **ACRRM Regional Director of Training**  **Name:** Click or tap here to enter text.  **Date:** Click or tap to enter a date.  Approved  Not approved  Specific Details of Approval/Reason for non-approval  Click or tap here to enter text. |
| **Request for 4th or subsequent attempts** |
| Checked by Training Officer/Training Program Advisor  Notes: *Attach an Aptify report showing the full assessment history, including number of attempts and dates for all assessments, remediation or review panel outcomes.* |
| **ACRRM National Director of Training**  **Name:** Click or tap here to enter text.  **Position:** Click or tap here to enter text.  **Date:** Click or tap to enter a date.  Approved  Not approved  Specific Details of Approval/Reason for non-approval  Click or tap here to enter text. |