FORM

Inter-College Transfer Application

This application is for college transfer requests from registrars from RACGP to ACRRM. This form should be submitted with all appropriate supporting documentation to RACGP for review and submission to ACRRM.

Registrar name	
AHPRA Registration	
Requested Training Region	
Date of application	
Requested Semester to Commence	

Pathway	**AGPT ONLY**
Reason for transfer request	

Current Training Placement

Training Post Name	Supervisor Name	Start & End Date	No. Hours Week	Fellowship Requirement undertaken

MPN Start Date	MPN End Date

Future Training Placement

Please provide information on the placement you wish to undertake if the transfer is approved, and you are not continuing your current placement		
Training Post Name & Location	**Supervisor Name**	**Fellowship Requirement to be undertaken**

ACRRM Fellowship Requirements

Please highlight those you believe you have met or highlight any concerns you have in regards to meeting any requirements- Equivalency/approval of meeting ACRRM's requirements will be determined via an alternative Recognition of Prior Learning application.

Fellowship Requirements	Completed	Comments
Obstetrics	☐	
Paediatrics	☐	
Anaesthetics	☐	
Primary Care	☐	
Secondary Care	☐	
Emergency Care	☐	
Rural & Remote	☐	
Cultural Education	☐	
Orientation to Primary Care	☐	
Education Program	☐	
REST	☐	
ALS2	☐	
MiniCEX	☐	
MSF	☐	
MCQ	☐	
StAMPS	☐	
CBD	☐	
Procedural Skills Logbook	☐	
Advanced Specialised Training	☐	**Discipline:**

Registrar declaration

☐ I declare I have discussed this proposal with my Medical Educator

☐ I have read and agree to abide by ACRRM's Policies

☐ I consent that my training records and information may be shared between Colleges for the purposes of the transfer.

☐ I have provided the required supporting documentation, if not already held with RACGP.

☐ I understand that an approved transfer application does not guarantee a placement in my requested area

☐ I understand that my transfer may not be able to start from the requested date

☐ I understand that I may be contacted by ACRRM to provide further information to support my application

☐ I understand that ACRRM will provide an outcome within 20 business days of receipt of a complete application

☐ I acknowledge that approval of my transfer is at the discretion of the National Director of Training and is not guaranteed.

☐ I confirm that the details provided in this application are true and accurate

☐ I understand that recognition of prior training with RACGP is at the discretion of ACRRM's Censor.

Any other information ACRRM may need to know that is now already outlined in the application or supporting documents?

Please note that if this transfer is successful, as per the *Performance and Progression Policy*, registrars commencing training towards ACRRM Fellowship must be a financial ACRRM member prior to commencing their first day of training in the ACRRM AGPT Program. Further information on how to become a member will be provided should your application be successful.

Please submit this form to RACGP who will review and submit to ACRRM on your behalf if supported.

Please send this form to your regional training team.

RACGP USE ONLY – Supporting Documents supplied

☐ Training Profile Provided

☐ CV provided

☐ End of Term/Supervisor Reports/RIDE Report Provided

☐ Placement Confirmation

☐ Support Program Information – ie: Focused Learning Intervention

☐ Recognition of Prior Learning outcome

☐ Funding accessed -

Any other information the regional team may needs to know to support the registrar's progression?

Any other information the College should be aware of in making the decision to offer a place on ACRRMs Rural Generalist Fellowship Training Program?

Training Region Endorsement

Name and Position	
Approved	☐ Yes ☐ No
Date	
Comments	

ACRRM Outcome

☐ Approved

☐ Denied Reason:……