

APPLICATION FORM – HETI PSYCHIATRY SPECIAL TRAINING AWARD

PERSONAL DETAILS

Title	Given Names	Family Name
Contact Details		
Work Mailing Address		
Suburb	State	Postcode
Home Mailing Address		
Suburb	State	Postcode
Work Phone	Work Email	<input type="checkbox"/> Preferred Email
Mobile	Home Email	<input type="checkbox"/>
Citizenship / Residency Status		
<input type="checkbox"/> Australian Citizen / Permanent Resident	<input type="checkbox"/> Other	Details

TRAINING AND EXPERIENCE

RANZCP			
Training Commencement	Date	MCQ – completion or next sitting	Date
Written Exams Completion	Date	OSCE – completion or next sitting	Date
Psychotherapy case – completion or submission	Date	Attainment of FRANZCP	Date
Scholarly Project – completion or submission	Date		

PROPOSED AWARD

Title of Special Training Proposal				
Award Requested	<input type="checkbox"/> Full Time	Part Time	If Part time, please indicate%	%
	If you are offered a part time award instead of a full time award would this be acceptable?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Research Component	Does the proposed award include a research component?		<input type="checkbox"/> Yes	No
	If yes and you are successful in obtaining an award ethics requirements will be discussed before commencing your award.			
Principal Supervisor	Title	Given Names	Family Name	
	Phone		Email	

Advanced Training Program	Please indicate which AT program you are/will be enrolled in
Which LHD will you be employed by for the duration of the Award?	

OTHER INFORMATION

How did you hear about this Award?

SUBMISSION

Applications should be returned to Neridah Callaghan at HETI by email
neridah.callaghan@health.nsw.gov.au

Please mark documents included:

Report of proposed training experience (max 1000 words)	CV
Evidence of completion of stage 2 training	

Support for Application Forms from the following:

Supervisor	Director of Training (not primary but if Award is split across two training networks)
Director of Training (current)	Director of Advanced Training
Director of Training (for duration of the Award – if different from above)	Network Governance Committee (if required)

DECLARATION

I have read and understand the HETI Guidelines about the Psychiatry Special Training Awards and the Conditions for the Provision of HETI Awards in Psychiatry and Mental Health	<input type="checkbox"/> I agree <input type="checkbox"/> I do not agree
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An application receipt confirmation will be sent via email to your preferred email address

HETI ADMIN USE ONLY

Admin signature	Date Received	Entered in database	Date Applicant Notified by Email