



**APPLICATION FOR VOCATIONAL TRAINING IN PSYCHIATRY**

**AUCKLAND PSYCHIATRY TRAINING PROGRAM - RANZCP**

This application is to be forwarded to:

**Rosalynn Williams**  
**Administrator, Auckland Regional Training Programme**  
**6<sup>th</sup> Floor Building 14, Greenlane Hospital,**  
**P.O. Box 92189 Greenlane, Auckland, NZ**  
**Phone: +64-9-307-4949 xtn. 26545 Fax:+64-9-638-0344**  
**Email: rosallynw@adhb.govt.nz**

1. Surname(block-letters) \_\_\_\_\_  
(If on Medical Register under a different name please indicate)

\_\_\_\_\_

2. First Names in full (block letters) \_\_\_\_\_

3. Date of Birth: \_\_\_\_\_

4. Citizenship or Residency status (N.Z.): \_\_\_\_\_

5. Professional Address: \_\_\_\_\_  
\_\_\_\_\_

Please tick if preferred address

6. Professional Tel. No: \_\_\_\_\_ Fax No.: \_\_\_\_\_

7. Home Address: \_\_\_\_\_  
\_\_\_\_\_

Please tick if preferred address

Email Address: \_\_\_\_\_

8. Home Tel No (& any other contact no.s e.g. cellphone): \_\_\_\_\_  
\_\_\_\_\_

9. Medical Education: \*attach documentation or detailed CV

(a) University and year of Graduation:

\_\_\_\_\_

(b) Postgraduate Qualifications: \*attach documentation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) If your medical degree is not from Australia or New Zealand, have you done NZREX/USMLE exams? (details re which aspects of this attempted/passed, including English language exams such as IELTS).....  
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10. If registered in New Zealand, state type, (e.g. general, temporary, probationary, etc), date of registration, and number of MCNZ registration:

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**Note: If registration is conditional, the Committee for Training will require full disclosure of the nature of the conditions, and will review the information provided on a case by case basis to determine the applicant's suitability.**

11. If not registered in New Zealand, state where currently registered (giving dates) and type of registration. And say whether you have checked with NZ Medical Council if you can be registered to practice in NZ :

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12. Have you applied to any other Psychiatry Training Programmes in NZ or Australia? If so, when and where? (or to any other subspecialty registrar training programmes?)

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13. Publications (if space insufficient, attach list or attach CV if detailed there):

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14. Do you have any physical disability or medical condition which would affect your ability to perform as a Trainee Psychiatrist and thus require special consideration or support.

Yes  No

15. Do you have (or can you arrange) a driver's licence?

Yes  No

(A licence facilitates participation in the community psychiatry and other training requirements but is not mandatory.)

16. (a) Do you wish to pursue part-time training (the minimum is half time)

Yes  No

(b) Would you be able to do full time training at any stage?

Yes  No

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**17. Please forward:**

- 1) Current Curriculum Vitae including all medical experience and details of all past psychiatric posts (as houseofficer or registrar), particularly the specific nature and length of such attachments. If this was in the RANZCP system, state which training tasks/exams you have already achieved.
- 2) A brief typed Statement of about 300 words explaining why you wish to train as a psychiatrist (or if already well progressed in psychiatric training, which aspects of psychiatry you are most interested in and your career plans within psychiatry. Include reasons for relocating if you are hoping to move from another programme to Auckland).
- 3) A Certified copy of your Medical Degree (and a version translated into English if need be).
- 4) A current Letter of Good Standing (dated within last three months) attesting to current registration with regard to restrictions, conditions or limitations from the Medical Council of New Zealand. If not working in New Zealand for the past 12 months, a Letter of Good Standing is needed from the relevant Board or Council of the State/Territory/Country in which you most recently worked, dated within last three months (and a version translated into English if need be).

18. Names, postal addresses, telephone **and ideally fax numbers and email addresses if possible** of 3 referees. These should be psychiatrists if you have worked in psychiatry recently, and ideally be from posts within the last 2 years. If you are in another RANZCP training programme, one reference/training record should be from your current Coordinator of Training. Fax or email contact details are essential if yours is a late application or at an unusual time of year for registrar intake.

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\_\_\_\_\_

2. \_\_\_\_\_  
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3. \_\_\_\_\_  
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\_\_\_\_\_

19. The Committee may contact previous Heads of Department, Clinical Directors or Co-ordinators of Training where you have worked. If there is any reason why any such person may not be likely to provide a fair and unbiased assessment of your work, please identify him/her here and explain this.

\_\_\_\_\_  
\_\_\_\_\_  
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20. Additional Information (if any):

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## **DECLARATION**

21.

- (a) My name has not been and is not subject to report, nor consideration by, or removal from any Medical Register in any country because of misconduct in a professional sense or for any incapacity, nor have I ever been refused registration for such reasons.

NOTE: If you wish, you may attach further information for a review of the particular circumstances under which Item 21(a) cannot be affirmed.

- (b) My name has not been and is not subject to report to, nor consideration by an Health Care Complaints Commission (or equivalent body) in any country because of alleged incompetence, incapacity or misconduct.

NOTE: If you wish you may attach further information for a review of the particular circumstances under which Item 21(b) cannot be affirmed.

- (c) I have no objection to written or telephone reports obtained from my referees and from relevant Directors of Medical Services/Psychiatrists/ Training Co-ordinators, for use by the Selection Subcommittee of the Auckland Psychiatric Training Committee.
- (d) I undertake to complete the full year of training if selected.
- (e) I undertake to abide by the rules of the institution to which I may be appointed to undertake RANZCP training, if this application is successful.
- (f) I undertake to abide by the rules and requirements of the RANZCP as they apply to trainees if this application is successful, in particular the RANZCP Code of Ethics.

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(Signature of Applicant)

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(Date)