

Training plan for proposed short-term training position

Short-term training in a medical specialty pathway



Training plan

This document is for use between the primary supervisor and the international medical graduate (IMG). It should be made available to all members of the supervision team. The training plan is completed by the primary supervisor and documents when training will occur and any intended activities during the training session. It is not the same as a learning plan which might be completed by a registrar to record their learning needs and how they plan to address these.

Dedicated teaching time should be scheduled for a time that is not likely to be interrupted or subject to the participants running late. Try to avoid lunchtimes and end of the day. First thing in the morning or the start of a session will work better.

Name of practice

Address

Registrar name

Position title

Short-term training start date

Short-term training end date

List all short-term training locations

Purpose of position

Detailed weekly timetable

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

What are the applicant's goals and objectives for the duration of the training period?

What supervision and support will be available for applicants for the following activities undertaken during this period?

Clinical activities:

Teaching activities:

Research activities:

If the applicant is required to complete examinations and assessments during this period of training, list the anticipated date of these assessments.

Employer and applicant declaration

I/we certify that the above training plan accurately reflects the nature of the training position.

I/we certify that the information in this training plan has been discussed and agreed upon with the applicant.

I/we certify that it is the applicant's intention to leave Australia at the completion of the training position, which shall not be for a period of longer than two years (24-months).

I/we certify that the applicant has no intention of making further applications for registration at the end of the specified training period.

Signature of employer

Signature of applicant

Name

Name

Position

Position

Date

Date