

## Trial of process

### STAGE 1

Please fill out the details of the proposed process for which you are seeking approval by the **relevant Censor**.

One-off situations that are designed to meet the needs of just one registrar, in one context for one term need to be sent to the relevant Censor for approval with a copy sent to **vtstandards@racgp.org.au**

Please ensure that you submit this application form to the **relevant Censor** with a copy to **vtstandards@racgp.org.au** a minimum of 2 months in advance of your planned implementation date.

### Contact details

Training provider

Contact person

Phone

Email

Standard outcome number

Standard criterion number

### Please select the category for approval

1. Training post
2. Supervision (remote/team/Aboriginal health)
3. Alternatives to hospital training
4. Other – please specify





6. What risks are associated with implementing the process? How will the risks be mitigated?

7. How will you select the registrar/s? Outline the selection criteria. What is the selection process? Who is involved?

8. What stage of training/level of competence will the registrar/s have reached to be eligible to be involved in the process?

10. For alternate models of supervision, please answer the following questions.

- a. Who is the lead supervisor (whether on or off site)?
- b. Who have you identified as the supervision team? What are their roles?
- c. If an Aboriginal Medical service, describe how Aboriginal people have been and will be involved.
- d. Describe ways in which the registrar can seek and receive support when needed.
- e. Who is the contact person if the registrars have a problem with the process?
- f. What contingencies are in place if the supervisor cannot be reached?



11. Describe how this process will be monitored? How often and by whom?

12. What alternative arrangements have you made for the registrar if the process breaks down?

13. Other information. Please attach any documentation, including those referred to in this application, or provide any other comments you think may support your application. In the box please list any documentation that you have attached.

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**Declaration**

The RTO agrees that any repeatable, RACGP approved process may be de-identified and published for use by others.

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Please email your completed form to the **relevant Censor** with a copy to [vtstandards@racgp.org.au](mailto:vtstandards@racgp.org.au) or post to 100 Wellington Parade, East Melbourne VIC 3002