# Application to vary the concurrent clinical training component of the Academic Post program

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| **PERSONAL DETAILS** |
| First name: |
| Surname: |
| RACGP ID: |
| RTO name: |
| University name: |
| Academic Post year: |
| **VARIATION DETAILS** |
| Indicate the clinical training variation you wish to apply for:  Reduce clinical training hours  Waive clinical training hours completely |
| Please provide a summary of the reasons for your variation request: |
| Proposed variation start date (DD/MM/YY): |
| Proposed variation end date (DD/MM/YY): |
| Current clinical training hours per week: |
| Proposed clinical training hours per week: |
| **SUPPORTING EVIDENCE** |
| Evidence to support the leave request may include, but is not limited to, medical certificates from appropriate specialists, statutory declarations, deployment documentation, evidence of bereavement etc. as appropriate.  *\*Evidence* |
| **SUPPORTING DOCUMENTATION** |
| Evidence to support variation request (if applicable)\*  Evidence of eligibility to vary concurrent clinical training component  Letter of support from medical educator  Letter of support from university supervisor |