Overseas Placement Application – Category T

|  |  |
| --- | --- |
| **Date:** | Click here to enter a date. |

**Note: Council of Education approval must be obtained PRIOR to the commencement of the overseas placement.**

Please complete the form below and return it to the ACEM Accreditation team at least eight (8) weeks prior to the commencement of the intended placement. Late applications will not be considered for approval.

**Regulation G (2022 FACEM Training Program)**

Applications will be considered for a total of 12 months approved training, including:

* Up to six months core ED training time in TS1-3
* Up to six months non-ED training in TS1-3

Note: The College will not accept requests for an extension beyond the maximum twelve-month period. Trainees wishing to extend this period will need to apply for interruption to training under Regulation G.

# Applicant Details

|  |  |
| --- | --- |
| Name of Trainee |  |
| ACEM Membership No: |  |
| Contact Number |  |
| Preferred Email |  |

# Placement Type

[ ]  ED

[ ]  Non-ED

[ ]  Paediatric Department (with Paediatric Emergency Requirement Logbook Completion Request)

# Hospital/Service information

|  |  |
| --- | --- |
| Name of Hospital/Service |  |
| Address |  |
| Country |  |
| URL of Hospital Website |  |
| URL of Specialist Medical College accrediting the ED training |  |

# Placement Details

|  |  |  |  |
| --- | --- | --- | --- |
| Start Date |  | End Date |  |

|  |  |
| --- | --- |
| [ ]  3 mths (1.0 FTE) *(accredited as 3m ED/non-ED)* | [ ]  6 mths (0.5 FTE) *(accredited as 3m ED/non-ED)* |
| [ ]  6 mths (1.0 FTE) *(accredited as 6m ED/non-ED)* | [ ]  12 mths (0.5 FTE) *(accredited as 6m ED/non-ED)* |

# Placement Supervisor

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |

# Australian/Aotearoa New Zealand Remote FACEM Supervisor

|  |  |
| --- | --- |
| Name |  |
| Phone |  |
| Email |  |
| Signature of supervisor |  |
| Date |  |

# Paediatric Details (\*\*\* For PER application only)

|  |
| --- |
| Accreditation Status of Hospital: |
|  | General Professional Training | Higher Specialist Training | PEM sub-specialty Training |
| Emergency Medicine (CEM) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Paediatrics (RCPCH) | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No | [ ]  Yes | [ ]  No |
| Annual Presentations to ED: |
| All Presentations: Total (adult and paediatric) |  |
| Paediatric presentations |  |
| Total ED Paediatric presentations referred directly to ward/inpatient team |  |
| Total ED Paediatric presentations seen by ED staff |  |
| Total (%) ED Paediatric presentations admitted to inpatient ward | % |
| Facilities in ED |
| Are children attended in (Please tick appropriate box): |
| [ ]  a separate paediatric unit in a building separate from the adult ED |
| [ ]  a separate paediatric unit adjacent to the adult ED  |
| [ ]  a general unit, one with no specific paediatric area |
| Teaching and Training Program in ED |
| Is a paediatric teaching or training program conducted in relation to paediatrics? (If “Yes”, please provide details in a separate sheet) | [ ]  Yes[ ]  No |
| Are there any consultant paediatrician attached to the ED?(If “Yes”, please provide details in a separate sheet) | [ ]  Yes[ ]  No |

# Learning Outcomes

Specify the anticipated learning objectives that you expect to achieve during the placement. Refer to the FACEM Curriculum and the learning outcomes outlined. If you are applying under the Global Emergency Care Accreditation Guidelines, please address the learning objectives specified in the guidelines.

|  |  |  |
| --- | --- | --- |
| **LEARNING OUTCOMES** | **ACTIVITIES** | **ASSESSMENT** |
|  | (that are undertaken by the trainee to achieve learning objectives) | (that are undertaken to determine whether the learning objectives have been successfully met by the trainee) |
|  |  |  |
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|  |  |  |

# Supporting Documentation

**PLEASE ATTACH THE FOLLOWING:**

1. The nominated supervisor’s CV for the whole of the placement
2. For an application for overseas ED only:

On hospital letterhead, a signed statement from the department supervising consultant confirming:

* 1. Current accreditation status of the ED
	2. The name of the medical college accrediting the ED
1. A job description, confirmation and acceptance of the placement offer.