

## Stage 1 Progression Form

# **DESCRIPTION**

This form is used for Registrars to apply for approval for progression from stage 1 to stage 2 of the Training Program. All Training Program requirements for the Registrar's current stage must be completed to progress and the Registrar's online portfolio must be up to date with all Training Program documentation. Incomplete portfolios will result in progression not being approved. Completed forms must be emailed to <a href="mailto:registrars@acsep.org.au">registrars@acsep.org.au</a> for approval by the Training Sub-Committee.

#### **REGISTRAR DETAILS**

| Registrar name                                   | Year                  |  |
|--|-----------------------|--|
| Stage of training                                | Training period       |  |
| Full-time or part-time                           | Loading               |  |
| Date started stage 1                             | Date finished stage 1 |  |
| Total full-time equivalent time spent in stage 1 |                       |  |

# **STAGE 1 TRAINING PROGRAM REQUIREMENTS**

I confirm I have completed the following Training Program requirements and uploaded all documents to my online portfolio.

| Minimum of 1 year FTE Training Time in stage 1                                   | ☐ Complete ☐ Not complete       |
|--|---------------------------------|
| Annual Training Plan for each year in stage 1                                    | ☐ Complete ☐ Not complete       |
| Training Logbook for each Training Period in stage 1                             | ☐ Complete ☐ Not complete       |
| Logbook of Procedures for each Training Period in stage 1                        | ☐ Complete ☐ Not complete       |
| CTS Progress Reviews for each Training Period in stage 1                         | ☐ Complete ☐ Not complete       |
| CTI Progress Reviews for each Training Period in stage 1 (if working with a CTI) | ☐ Complete ☐ Not complete ☐ N/A |
| ZTC Progress Reviews for each Training Period in stage 1                         | ☐ Complete ☐ Not complete       |



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| Tutorial attendance above 85% for each Training Period in stage 1                         | ☐ Complete ☐ Not complete |  |  |
|---|---------------------------|--|--|
| Management of Sports Trauma Course completed in stage 1                                   | ☐ Complete ☐ Not complete |  |  |
| Aboriginal Health and Cultural Safety Education Module                                    | ☐ Complete ☐ Not complete |  |  |
| Ethics I Education Module   | ☐ Complete ☐ Not complete |  |  |
| Ethics II Education Module  | ☐ Complete ☐ Not complete |  |  |
| Ethics III Education Module   | ☐ Complete ☐ Not complete |  |  |
| Anti-doping Module  | ☐ Complete ☐ Not complete |  |  |
| Research Methodology Academic Module  | ☐ Complete ☐ Not complete |  |  |
| Sport Biomechanics Academic Module  | ☐ Complete ☐ Not complete |  |  |
| EPA 1 and all associated WBAs   | ☐ Complete ☐ Not complete |  |  |
| EPA 2 and all associated WBAs   | ☐ Complete ☐ Not complete |  |  |
| EPA 3 and all associated WBAs   | ☐ Complete ☐ Not complete |  |  |
| Approved research proposal  | ☐ Complete ☐ Not complete |  |  |
| Attendance at Registrar Conference and ACSEP Conference for each calendar year in stage 1 | ☐ Complete ☐ Not complete |  |  |
| Comments (if required)  |                           |  |  |



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| 210NOLL                    |                |           |  |
|----------------------------|----------------|-----------|--|
| Registrar name             |                | Signature |  |
| Date                       |                |           |  |
| Primary CTS name           |                | Signature |  |
| Date                       |                |           |  |
| ZTC name                   |                | Signature |  |
| Date                       |                |           |  |
| APPROVAL (OFFICE USE ONLY) |                |           |  |
| A                          | ☐ Approved     |           |  |
| Approval                   | □ Not approved |           |  |

| Approval                      | ☐ Approved ☐ Not approved |             |  |
|-------------------------------|---------------------------|-------------|--|
| Action plan (if not approved) |                           |             |  |
| Chair of Training             |                           | - Signature |  |
| Date                          |                           |             |  |