AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

3GA

FORM 3GA Verification of Approved Training Placement

Please complete this form when seeking approval to work at an ACSEP Accredited Training Practice (AATP), Hospital or other Clinic AND **when a Medicare Provider Number is required**. Refer to the "Training Program Placements" page on the College website for more information. Completed form(s) must be submitted to Registrars@acsep.org.au

1. REGISTRAR DETAILS

Registrar Name:					
Registrar Address: Include Street, State, Postcode & Country					
Year of Training:	2023	**Training Program Year (FTE):**	Yr1	**Loading:**	

2. PLACEMENT DETAILS

Placement Type: ◯ ACSEP Accredited Training Practice (AATP) ◯ Hospital ◯ Other Clinic

Business Name:			
Address: Include Street, State, Postcode & Country			
Start Date:		**End Date:**	
Hours per week at Placement (average)**:**		**Years worked at Placement:**	
Primary Supervisor/ Instructor's Name:		**Usual level of Supervision:**	
Primary Supervisor/ Instructor's Signature:		**Provider Number:**	
		Date:	

3. MEDICARE PROVIDER NUMBER

Complete ONE of the following sections.

A HW019 Medicare Form may also be required and must be submitted to ACSEP for processing with this 3GA Form.

◯ **NEW Provider Number required for this location**
HW019 Medicare Form is required

A previous Provider Number for Medicare to search with:

◯ **EXTENSION of Provider Number already at this location**
HW019 required if original end date has lapsed/will lapse in <8 weeks

Provider Number to extend:

4. DECLARATION BY REGISTRAR

I have read, understood and agree to abide to the requirements as described on the ACSEP College Website in regards to working at a Training Placement (and accessing Medicare benefits) for the purpose of completing my ACSEP Training Program. I authorise ACSEP to provide this form to the Department of Human Services Medicare for the purpose of creating a Provider Number.

Registrar Signature: **Date:**

5. DECLARATION BY THE AUSTRALASIAN COLLEGE OF SPORT & EXERCISE PHYSICIANS

For the ADVANCED POSTGRADUATE FELLOWSHIP

On the advice of the Chairperson of the Committee responsible for the ACSEP Training Program, I certify that:

- The applicant is an enrolled Registrar in the ACSEP Training Program and that the details regarding the applicant's approved Training Placement in this application are accurate
- The Placement is part of the structured Training Program of the College and provides experience not available in a public hospital
- The Placement is an accredited 'advanced' Training Placement that fully counts towards Training Time and other formal requirements
- Appropriate supervision will be provided

Kaushika Lal
Admin Officer/Training Program

Date:

Signature:

College Stamp:

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Please complete if you are commencing work at, or need to extend your time at, an ACSEP Accredited Training Practice (AATP)

6. PAST AND CURRENT ACSEP ACCREDITED TRAINING PRACTICES

7 SUPERVISORS AT AATP

Primary CTS is responsible and manages Registrars full training at AATP.
Other CTS located at the AATP provide supplementary supervision, assessments and teaching as needed.

Primary CTS Name:	
Other CTS Name:	
Other CTS Name:	
Other CTS Name:	

8. REGISTRAR'S REASONING AS TO WHY WORKING AT THIS AATP IS OF BENEFIT TO THEIR TRAINING

Are there any Training Program requirements that can not be meet at (or located near) this AATP, and if so, what will the Registrar do to ensure they receive these requirements?

9. ZONE TRAINING COORDINATOR OUTCOME

Does the Zone Training Coordinator approve this Placement? Any conditions need to be set in place?

Zone Training Coordinator Name:	
Signature:	Date: