AUSTRALASIAN COLLEGE OF
SPORT AND EXERCISE PHYSICIANS

3GN

FORM 3GN 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 NOT needed**. Refer to the "Training Program Placements" page on the College website for more information. Please send completed forms 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):**	Yr2	**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:	

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 for the purpose of completing my ACSEP Training Program.

Registrar Signature: **Date:**

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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: