



FORM AD2.4 Application for Part Time or Leave from Training

If you would like to take leave from the Training Program, wish to complete a component of the Training Program Part Time, or want to return to Full Time loading please complete this Form. Part time and Leave requests can only be for a maximum duration of 12 months per submission. Registrars are directed to refer to the "P020 ACSEP Part Time, Leave, Withdrawal & Termination from Training Policy".

Please complete this form and email it to registrars@acsep.org.au for Training Committee review and approval.

Registrar's Name:

CURRENT TRAINING PLACEMENT DETAILS:

Year:

**Training Program
Year (FTE):**

Training Status:

Part Time Loading:

**Date Commenced in
Placement:**

**Expected Finished
Date at Placement:**

Practice Name:

**Primary Supervisor's
Name:**

Commentary:

Provide a brief outline of
your current placement/
situation



FORM AD2.4 Application for Part Time or Leave from Training

PROPOSED TRAINING PLACEMENT DETAILS:

Year:	Training Program Year (FTE):
Propose Training Status:	Loading if Part Time: Minimum 50%
Planned Start Date:	Planned End Date:
Primary Reason for Change:	

Commentary:

Please outline the reason(s) you'd like to complete your training Part Time or to take Leave from the Program.

Include a time-line of your Training Years and an estimation as to when you will complete the Full Training Program

If Part Time - Include a copy of proposed Annual Training Plan (approved by your impacted CTS(s))

If Part Time, name of Practice where you will be working:

Name of impacted Primary Clinical Training Supervisor:

Approval and Signature of Primary CTS:

TRAINING COMMITTEE OUTCOME:

Commentary:

ACSEP Chair of Training:

Date: