



## Collision Team Coverage – Exception Request for CMO/Lead Doctor Role

Applicant details			
First name(s):		Last name:	
Year Training commenced:		Submission date:	
State:		Country:	
Phone:		Email:	
Signature:		Date:	

Assessor Details			
First name(s):		Last name:	
Years as Fellow			
State		Country	
Phone:		Email:	
Outcome	Exception Request Granted YES <input type="checkbox"/> NO <input type="checkbox"/>		
Comments			
Signature:		Date:	

### NOTES:

When assessing your request, the Training Committee will consider the following in the application:

- That you can provide evidence of sufficient knowledge and experience to safely fulfil the role.
- Evidence of previous roles as assistant in a senior grade team for at least three years during training time or having been the senior doctor for least 2 years prior to joining the College Training program.
- Evidence of satisfactory progress and/or completion of training tasks, modules, DOPS, other team and event coverage and research progress proportionate to the completed stage of training time.
- The CMO of the relevant league must support your application to ensure due diligence and risk assessment has also been undertaken by the league.
- Provision of letters of support from past senior medical officers, supervisors, mentors and CMOs of the sport in application. The letters should set out where possible the following facts; time of association together, the past experiences, roles and responsibilities of the registrar in team settings, the level of the sport worked in, experience in reporting to senior coaches, relationships with other health providers such as team physiotherapists, strength and conditioning staff etc.

**2a. Collision Sport Team Coverage – Proposed Role Details**

Please provide the details of the Team and Role that you proposing for consideration and review.

Team Name	
Sport & Level	
Role	
Duration (Dates)	
Senior Event Contact Name & position	
Senior Event phone	
Supervisor Name & Position	
Supervisor phone	

**2b. Collision Sport Team Coverage – Previous Role Details**

Please provide the details of your previous role(s) with this club or code that demonstrate your previous experience as an assistant of a senior grade team for at least three years as a registrar or at least two years prior to joining the ACSEP Training Program.

Team Name	
Sport & Level	
Role	
Duration (Dates)	
Senior Event Contact Name & position	
Senior Event phone	
Supervisor Name & Position	
Supervisor phone	



**3. Please provide details of the proposed role with the team (or attach a copy of the position description)**

- a) Please provide an overview of the requirements of this role and duties with this team

- b) Pre-season involvement & planning. Outline your previous experience with pre-season activities of the team

- c) Outline the major medical/musculoskeletal problems you have managed previously and how you addressed them, and how this has prepared you for the proposed role with the team.



4. Interpersonal & management skills						
<i>Please ask the Senior Team Manager or a previous Supervisor to complete the assessment below on your abilities to undertake the proposed role</i>						
	Excellent	Very Good	Good	Fair	Poor	N/A
<b>Communication</b> Clear & easy to understand when liaising with athletes, event staff, public. Kept management informed						
<b>Collaboration</b> Worked well within a team, supported all personnel.						
<b>Reliability</b> Attended all relevant sessions, arrived on time, and completed tasks as required						
<b>Professionalism</b> Displayed appropriate, exemplar and ethical behaviour with athletes, event staff, public						
<b>Health &amp; Wellness Coaching</b> Provided accurate and competent health and wellness education to players to optimise their sporting needs						
<b>Please add any additional comments</b>						



5. Medical and Consultation Skills						
<i>Please ask the Senior Team Manager or a Supervisor to complete the assessment below on their assessment of your experience for the proposed role.</i>						
	Excellent	Very Good	Good	Fair	Poor	N/A
Pre-Season Screening & Examination						
Pre-Habilitation Program						
Management of Acute Medical Situations						
Management of Injuries & Illnesses						
Injury Rehabilitation Program						
Medical Record Keeping						
Medical records accurate, detailed and up to date						
Follow on Care						
Please add any additional comments or feedback						
Do you have any concerns about the doctors performance?						



**6. Training Portfolio Summary (Training Requirements)**

<b>Research</b>	<b>Proposal</b>	<b>Manuscript Submitted</b>	<b>Manuscript Published</b>
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>
<b>Work Based Assessments</b>	<b>Mini – CEXS (12)</b>	<b>DOPS (5)</b>	<b>CbD's (12)</b>
Please enter number completed			
<b>Event &amp; Team Coverage</b>	<b>Major (Cat 1,2,3,4)</b>	<b>Minor Events (6)</b>	
Please enter number completed			
<b>Academic Modules</b>	<b>Modules Completed (5)</b>		
Please enter number completed			
<b>MOST Course</b>	<b>Date of most recent MOST Course Completion</b>		



### 7. Letters of Support & Referrals

Please provide contact details below of your referees completing your letters of support. The letters of support must be attached to your application.

#### Referee 1

Name:

Position Title:

Phone:

Email:

#### Referee 2

Name:

Position Title:

Phone:

Email:

#### Referee 3

Name:

Position Title:

Phone:

Email: