



3GN – Verification of Approved Placement Form

DESCRIPTION

Registrars must complete this form for any placements they will be training at including ACSEP Accredited Training Practices (AATPs), hospitals or other sport and exercise medicine-related clinics or settings and when a Medicare Provider Number is NOT required. Completed forms must be submitted to registrars@acsep.org.au.

REGISTRAR DETAILS

Registrar name		Year	
Registrar address <i>Street number, street, state, postcode, country</i>			
Stage of training		Training period	
Full-time or part-time		Loading	

PLACEMENT DETAILS

Placement type	<input type="checkbox"/> ACSEP Accredited Training Practice <input type="checkbox"/> Hospital <input type="checkbox"/> Other clinic		
Business name			
Business address <i>Street number, street, state, postcode, country</i>			
Start date		End date	
Average hours per week at placement		Years worked at placement	
Primary supervisor name		Usual level of supervision	
		Provider number	



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Primary supervisor signature		Date	
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DECLARATION BY REGISTRAR

I have read, understood and agree to abide by the requirements as described by the ACSEP in regard to working at a training placement for the purpose of completing the ACSEP Specialist Training Program.

Registrar signature		Date	
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PLACEMENT AND TRAINING INFORMATION

Past and current AATPs			
Clinical Training Supervisor(s) at proposed AATP	Primary CTS name		
	Other CTS name (if required)		
	Other CTS name (if required)		
	Other CTS name (if required)		
Registrar's reasons for why working at the proposed AATP will benefit their training			

ZONE TRAINING COORDINATOR SIGNOFF

ZTC approval	<input type="checkbox"/> Placement approved <input type="checkbox"/> Placement not approved		
ZTC name		Signature	
Date			