



Application for Part-Time or Leave From Training Form

DESCRIPTION

This form must be completed for a Registrar to commence training part-time, or to take a period of leave from the Training Program. Registrars should consult the Flexible Training, Withdrawal and Termination Policy for guidance. Completed forms must be emailed to registrars@acsep.org.au for approval by the Training Sub-Committee.

REGISTRAR DETAILS

Registrar name		Year	
Stage of training		Training period	
Full-time or part-time		Loading	
Current AATP(s)		Current primary CTS(s)	

PROPOSED CHANGES TO TRAINING PROGRAM FTE

Current Year			
Proposed change		Loading (if part-time)	
Planned start date		Planned end date	
AATP(s) worked at during change			
CTS(s) worked with during change			
Commentary <i>Outline of reasons for change to Training Program FTE. If applying to train part-time, please include a proposed Annual Training Plan for part-time training approved by your CTS and ZTC.</i>			



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SIGNOFF

Registrar Name		Signature	
Date			
Primary CTS Name		Signature	
Date			
ZTC Name		Signature	
Date			

APPROVAL (OFFICE USE ONLY)

Approval	<input type="checkbox"/> Approved <input type="checkbox"/> Not approved		
Commentary (if required)			
Chair of Training		Signature	
Date			