



Remote Supervision Application Form

DESCRIPTION

In extraordinary circumstances, the ACSEP allow Registrars to be remotely supervised when in-person availability of ACSEP Fellows at the Registrar's desired practice location is limited. Registrars must meet eligibility criteria to be remotely supervised via an application that is assessed by the Training Sub-Committee. All sections of this form must be completed. Further detail on criteria can be found in the Training Manual. Registrars must submit applications for remote supervision to registrars@acsep.org.au by 30 October in the year prior to commencement of the Training Year they intend to undertake remote supervision.

REGISTRAR DETAILS

| | | | |
|------------------------|--|-----------------|--|
| Registrar name | | Year | |
| Stage of training | | Training period | |
| Full-time or part-time | | Loading | |
| Date of submission | | | |

ELIGIBILITY CRITERIA

To apply for remote supervision, the Registrar must meet the following eligibility criteria.

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| Eligibility criteria Tick all criteria | <input type="checkbox"/> I have completed a minimum of two years full-time in the Training Program. <input type="checkbox"/> I have completed a minimum of one year full-time in stage 2 of the Training Program. <input type="checkbox"/> I have been making satisfactory progress against Training Program requirements as evidenced in CTS reviews and ZTC reviews. <input type="checkbox"/> I am proposed to work in an area classified as rural, remote or very remote under the Modified Monash Model in Australia (MM2-7), or an area that does not fall under the local authority boundaries of the City Councils of Auckland, Hamilton, Tauranga, Wellington, Porirua, Hutt, Upper Hutt, Christchurch, and Dunedin in New Zealand. |
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DETAILS OF REMOTE SUPERVISION

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|---|--|---|--|
| Location | | | |
| Practice name and address | | | |
| Remote supervision start date | | Remote supervision end date | |
| Full-time or part-time | | Loading | |
| CTS who has agreed to provide remote supervision | | CTS email address | |
| CTS eligibility | <div><input type="checkbox"/> The proposed CTS has been supervising for at least one year.</div> <div><input type="checkbox"/> The proposed CTS has completed the Clinical Training Supervisor modules on SEM Academy.</div> <div><input type="checkbox"/> The CTS can commit to a minimum of three hours of dedicated virtual meeting time per week with the Registrar.</div> <div><input type="checkbox"/> The CTS is always contactable (level 2 or 3 supervision).</div> <div><input type="checkbox"/> <i>Desirable:</i> The CTS has experience working in the location the Registrar intends to work in.</div> <div>If yes, provide details:</div> <div><input type="checkbox"/> <i>Desirable:</i> The CTS has an existing working relationship with the Registrar.</div> <div>If yes, provide details:</div> | | |
| On-site supervision if applicable (CTS, CTI etc.) | | On-site supervision email addresses if applicable | |
| Need for services | | | |



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| Explain the need for sport and exercise medicine services in the area you are proposing to live | |
| Supervision Provide detail on timings of virtual meeting time with the CTS per week and plans for completing workplace-based assessment | |
| Integration Provide detail on integration of the post into the local community (e.g., referral networks, local health services, other organisations) | |
| Event and team coverage Provide detail on event and team coverage opportunity in the location | |
| Fellowship examination If you have not passed all components of the Fellowship Examination, provide a plan for mitigating risk around exam preparation | <input type="checkbox"/> I have passed all components of the Fellowship Examination. <input type="checkbox"/> I have not passed all components of the Fellowship Examination. If not, provide details: |



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| Intensive supervision periods Provide details on dates and locations of intensive supervision periods | <input type="checkbox"/> I plan to visit my CTS (or another Fellow in a metropolitan area) for an intensive period of level 1 supervision at least every Training Period. Provide details: |
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APPROVAL (OFFICE USE ONLY)

| | |
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| Training Sub-Committee approval | <input type="checkbox"/> Remote supervision approved <input type="checkbox"/> Remote supervision not approved |
| Comments or feedback | |
| Date | |