

DESCRIPTION

This form is used by Registrars in exceptional circumstances who are requesting an exemption to fill a Chief Medical Officer/Lead Doctor role for an elite level AFL, NRL or Rugby Union team. The Registrar must complete this form and email to registrars@acsep.org.au for assessment by the Training Sub-Committee. The following will be accounted for in the assessment:

- Demonstration of sufficient knowledge and experience to safely fulfil the role.
- Evidence of prior roles as an assistant in a senior grade team for at least three years during the Training Program, or roles as a senior doctor for at least two years prior to commencing the Training Program.
- Satisfactory Training Program progress and meeting of requirements.
- Support from the Chief Medical Officer of the league in which the Registrar will be working.
- Support from past senior medical officers, supervisors, mentors and/or Chief Medical Officers of the league in which the Registrar will be working. Lettes of support should evidence: time of association together; past experiences, roles and responsibilities in team settings; level of sport worked in; reporting to senior coaches; and relationships with other practitioners or allied health professionals.

REGISTRAR DETAILS

Registrar name	Year	
Stage of training	Training period	
Signature	Date	

ASSESSMENT DETAILS (OFFICE USE ONLY)

Chair of Training			
Outcome	☐ Exception request approved	☐ Exception request	not approved
Comments			
Signature		Date	

PROPOSED ROLE

To be completed by the Registrar.

Team name	Sport	
Role	Level of competition	
Duration from	Duration to	
Event contact name	Event contact position	
Event contact email	Event contact phone	
Supervisor name	Supervisor position	
Supervisor email	Supervisor phone	

PREVIOUS ROLE(S)

To be completed by the Registrar. A separate table must be copied and pasted for each different previous role relevant to the application.

Team name	Sport	
Role	Level of competition	
Duration from	Duration to	
Event contact name	Event contact position	
Event contact email	Event contact phone	
Supervisor name	Supervisor position	
Supervisor email	Supervisor phone	

PROPOSED ROLE DETAILS

To be completed by the Registrar. A role position description must be attached to the application.

Overview of the role requirements and proposed duties with the team.
Overview of previous pre-season involvement and planning with the team.
Overview of major medical/musculoskeletal problems previously managed including how the Registrar addressed them and how they have prepared the Registrar for the proposed role with the team.

INTERPERSONAL AND MANAGEMENT SKILLS

To be completed by a senior team manager or supervisor based on past experience with the Registrar.

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Communication: Clear to understand when liaising with athletes, staff, public; kept management informed.						
Collaboration: Worked well in team; supported all personnel.						

Reliability: Attended all sessions; arrived on time; completed all tasks.			
Professionalism: Appropriate, exemplar, ethical behaviour.			
Health and wellness coaching: Provided accurate and competent education to players to optimise sporting needs.			
Additional comments – concerns, strengths or development areas			

MEDICAL AND CONSULTATION SKILLS

To be completed by a senior team manager or supervisor based on past experience with the Registrar.

	Poor	Fair	Satisfactory	Good	Excellent	N/A
Pre-season screening and examination						
Pre-habilitation program						
Management of acute medical situations						
Management of injuries and illness						
Injury rehabilitation program						
Medical recordkeeping – accurate, detailed, up to date						
Follow on care – continuum of care of athletes suitable						
Additional comments – concerns, strengths or development areas						

LETTERS OF SUPPORT AND REFEREES

To be completed by the Registrar. Letters of support must be attached to the application.



Referee 1 - Letter of support attached						
Name		Position				
Email		Phone				
Referee 2 - 🗆 Letter of support attached						
Name		Position				
Email		Phone				
Referee 3 - Letter of support attached						
Name		Position				
Email		Phone				