

**TRF 013 Change MCCC Region and/or Pathway Application**

This form should be completed by registrars seeking to move to an MCCC region other than to which they were initially allocated via their signed Offer of Training or through formal priority, directed or ARST/AST placement process.

<b>Name:</b>		<b>Mobile Phone:</b>	
<b>Email address:</b>		<b>Date of application:</b>	
<b>Current Term</b>		<b>Year commenced AGPT Program:</b>	
<b>Permanent or temporary:</b>	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary		
<b>Dates:</b>	From:	To:	(if applicable)
<b>Original region:</b>	<i>Original region</i>	<i>Proposed new region</i>	
	<input type="checkbox"/> Metro West	<input type="checkbox"/> Metro West	
	<input type="checkbox"/> North East	<input type="checkbox"/> North East	
	<input type="checkbox"/> North West	<input type="checkbox"/> North West	
	<input type="checkbox"/> South West	<input type="checkbox"/> South West	
<b>Primary reason for request</b>	<input type="checkbox"/> To an identified area of shortage if approved by an RHE  <input type="checkbox"/> Unforeseen and extenuating circumstances that have occurred since the registrar joined MCCC's training program  <input type="checkbox"/> Other		
<b>Please provide details regarding the reason for requesting a transfer?</b>			
<b>Does this change also require a pathway transfer?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes, General to Rural <input type="checkbox"/> Yes, Rural to General. <i>An <a href="#">AGPT Program Transfer Application – Pathway Transfer</a> is also required.</i> <i>Please note, the transfer needs to be approved by MCCC before progressing to AGPT for consideration.</i>		
<b>Registrars Signature:</b>	<b>Date:</b>		



**TRF 013 Change MCCC Region and/or Pathway Application**

<b>Office Use Only</b>	
<b>Current region REAPS Coordinator:</b>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended Comments:  Date:
<b>Current region Regional Head of Education:</b>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended Comments:  Date:
<b>New region REAPS Coordinator:</b>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended Comments:  Date:
<b>New region Regional Head of education:</b>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not recommended Comments:  Date:
<b>Training Manager Operations: (Following discussion with DMET if required)</b>	Comments:  Date: