

EDF 004 Registrar Extended Skills Post Application

The following application must be completed and submitted to your region three months prior to the proposed commencement date. Please refer to [ED 004 Registrar Extended Skills Post Application procedure](#) for further information.

Name of Registrar:	
Proposed Extended Skills Post:	
Post Address:	
Post Telephone:	
Post Email:	
Is the post known to be accredited by MCCC? Please check this with you REAPS Coordinator.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> By another RTO? Please list RTO _____
If you're from another RTO, is a transfer required?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the position:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time
Nominated Supervisor:	
Nominated Supervisor Telephone:	
Nominated Supervisor Email:	
Other Members of Supervision team is known:	
Level of Training of the Registrar at the time of Application:	
Post Commencement Date:	
Proposed Working Hours: Do you intent to work:	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time If full time, which clinic will you undertake the GP Training?

EDF 004 Registrar Extended Skills Application – Learning Plan

What is your motivation in applying for this post? Include information of identified learning needs and how these were identified.

What skills would you bring to the post?

Why do you feel that this is the best time in your GP training for you to work in this post?

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What skills do you hope to achieve in this post?

How will these skills be incorporated into your practice?

How will you maintain this skill set?

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Please provide as attachments:

Position Description for the Post

OFFICE USE

Is the post being applied for already accredited? Yes No

Return your application and attachments to your region:

Metro West mw@mccc.com.au

North East ne@mccc.com.au

North West nw@mccc.com.au

South West sw@mccc.com.au