

ADVANCED SKILLS TRAINING EXPRESSIONS OF INTEREST

Name: _____

I am interested in undertaking Advanced Skills Training during 2011 and provide the following reasons for my choices (this is not compulsory, however will help us to better understand your needs and guide our planning).

I am interested in developing skills the initial priority disciplines of: **(Please rank 1-5)**

- Anaesthetics
 Obstetrics
 Surgery
 Indigenous Health
 Emergency Medicine
 Other _____

Reason?
 ↓

Are you enrolled with: (please tick)

- TMT
 QRME
 CSQTC
 RVTS

My preferred location(s) to undertake this training would be:

1. _____ 2. _____
 3. _____ 4. _____

Reason? _____

My preferred location(s) to utilise these skills would be:

1. _____ 2. _____
 3. _____ 4. _____

Reason? _____

Any other relevant comments? eg. your future plans, family needs etc.

Signed: _____

Date: ____ / ____ / ____

Please return this **by 15 June 2010** to:

| | |
|--|--|
| Office of Rural Health PO Box 1344 ROMA QLD 4455 | Phone: (07) 4624 1810 Fax: (07) 4624 1818 |
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Thank you, this information will assist the Placement Team.