

APPLICANT DECLARATION

I hereby certify:

- 1 I am a citizen of Australia or New Zealand or permanent resident of Australia and have current registration as a medical practitioner with the Medical Board of Australia.
- 2 I am either registered or eligible for registration with the Australian and New Zealand College of Anaesthetists (ANZCA).
- 3 I am aware the Queensland Anaesthetic Rotational Training Scheme (QARTS) is not part of ANZCA, and is a committee providing advice to employers. I am aware that QARTS does not employ Anaesthetic Registrars and that employers may decline the advice of QARTS.
- 4 I have downloaded the applicable QARTS Referee Report from the QLD Health Anaesthesia Pathways web page and supplied said report to two (2) referees, as outlined, for completion.
- 5 I have read the QLD Health Anaesthesia Pathways web page which outlines QARTS and includes downloadable forms and information including 'Mandatory Criteria and Selection Criteria' and 'Selection and Appointment Process' and agree to any requirements and conditions therein.
- 6 I am free from chemical dependence or any other health condition which would prevent me from performing my duties as an Anaesthetic Registrar.
- 7 I am aware I will be subject to a regular on-going assessment process and my continuation on the training scheme is dependent on achieving satisfactory progress and assessments.
- 8 I am aware, as a QARTS trainee, that training involves rotation to hospitals outside the South-East Queensland metropolitan region and **I agree to accept all rotations and hospital placements to which I am recommended for the full QARTS year.**
- 9 I am aware if I have knowingly made a false or misleading statement in the application that I may be removed from QARTS.
- 10 I understand QARTS may be required to contact ANZCA for further details regarding my current training status to confirm satisfactory progress (including attained exam results).
- 11 I understand information provided in my application (including referee reports) will be forwarded to Directors in hospitals where I may be recommended for employment in 2019.
- 12 I understand the information provided in my application may be subject to audit and I may be required to provide further documentation in support of my application. I accept that failure to provide any requested evidence to substantiate my application may result in my removal from QARTS.
- 13 I consent to the Queensland Anaesthetic Rotational Training Scheme using my personal information to determine my suitability for entry and participation. I am aware I can obtain further information from the QARTS Coordinator at qarts@anzca.edu.au.
- 14 I understand QARTS may be in receipt of information provided by ANZCA or other parties which provides statistics and information for audit of training, processes and trainee outcomes.

I have understood the basis for giving my consent. Please tick below.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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FULL NAME	Please use block letters and print clearly		
Surname			
Given Names			
Signature		Date	2018

This form MUST be personally signed.

No digital signatures will be accepted. Please print, complete and upload to your application in PDF format ONLY.