

For training starting in December 2018 (New Zealand) and February 2019 (Australia)

## How do I complete my Registration Form?

The Registration Form must be completed online at <http://ranzco.dipolarhosting.net/mgtapp/regform.aspx>. You will need your email address and password to access the Registration Form. You can start your form and return at any time to complete it by entering your email address and password.

## What other information do I need to provide?

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) requires you to scan and save as a PDF or JPEG the following documents and submit them via the online site:

- A completed Statutory Declaration
- Certificate of your current medical registration
- Evidence of your citizenship or permanent residency in Australia and/or New Zealand
- Certified copies of academic transcripts for higher qualifications i.e. bachelor's, master's, or doctorate degree

**Note:** Academic transcripts must detail the subjects/courses you have studied and the marks/grades you achieved. Academic transcripts must be received in the form of a scan of a certified copy. Scans of original documents will not be accepted.

Please note that there is a 2 MB file size limit for each file and you may require **Adobe Flash Player 9** or higher installed on your computer, depending on the version of your browser. If it is not installed a link will be provided on the web page to download and install it. We recommend that you scan your documents at no higher than 300 dpi to minimise the file size and improve the upload speed.

## Applications to Employing Authorities/Jurisdictions

RANZCO accepts registrations for selection into the RANZCO Vocational Training Program (VTP) and is responsible for the VTP; however, it is not the employing authority for Trainees.

In addition to this Registration Form you must separately apply for an appointment to an accredited ophthalmology training position. Recruitment details are usually found on each hospital or health authority's website. You will need to follow each hospital or health authority's guidelines when applying for advertised accredited training posts. It is your responsibility to regularly check the applicable websites for information. Information regarding applying for employment in the training networks will also be posted on the RANZCO website if it becomes available to RANZCO.

## What happens after I submit my Registration Form?

You will receive a confirmation email after lodging your Registration Form. RANZCO will then check that you meet all the prerequisites for registration and confirm this by email no later than **11 May 2018**. If you do not receive confirmation that you have met the prerequisites by this date, please contact RANZCO on [selection@ranzco.edu](mailto:selection@ranzco.edu).

RANZCO will provide a copy of sections two, three and four to the selection committee in each network(s) to which you apply.

**Please submit your completed Registration Form and accompanying documentation by 5:00 p.m. Australian Eastern Standard Time (AEST) on Monday 30 April 2018. Registrations submitted after this date and time will not be accepted.**

Please direct all enquiries to [selection@ranzco.edu](mailto:selection@ranzco.edu)

## Declaration

- I confirm that I satisfy the eligibility requirements to apply for RANZCO ophthalmology training to commence in December 2018 (New Zealand) and February 2019 (Australia):
- Medical degree with full registration to practise medicine in either New Zealand or Australia at time of this application
- Citizenship or permanent resident status of Australia and/or New Zealand at time of this application
- Completion of a minimum of two years (including the intern year) full time post graduate prevocational experience at the commencement of ophthalmology training including a minimum of 21 months of broad experience in non-ophthalmic medical, clinical and surgical settings with in such posts.

The Royal Australian and New Zealand College of Ophthalmologists  
ACN 000 644 404  
94-98 Chalmers Street, Surry Hills NSW 2010 Australia  
T 61 2 9690 1001 F 61 2 9690 1321 E [ranzco@ranzco.edu](mailto:ranzco@ranzco.edu)  
[www.ranzco.edu](http://www.ranzco.edu)

**TAX INVOICE**  
**VOCATIONAL TRAINING PROGRAM**  
**Complete this to register for matching**

**Surname of applicant:**

**Other names:**

**Address:**

**METHODS OF PAYMENT**

(the fee in 2018 is \$496.10 AUD non-refundable)

Please indicate your method of payment:

**EFT/Direct Deposit** to RANZCO's Bank Account with Commonwealth Bank please enter the following information:  
BSB: 062-016, Account No. 0090 4644, Reference No. [Enter FULL NAME]  
Account Name: RANZCO

**Credit Card** We accept the following credit card types: Mastercard or VISA, please complete the details below:

**Visa**       **MasterCard**

**Card Account Number**

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**Cardholder's Name:** ..... **Expiry Date:** ...../.....

**Amount:** \$496.10 AUD

PLEASE NOTE: All payments made by credit card will incur a 1% surcharge to reflect the cost of fees charged for credit card transactions. Please email completed tax invoice form to [selection@ranzco.edu](mailto:selection@ranzco.edu) no later than 5:00 p.m. (AEST) Monday 30 April 2018.

## STATUTORY DECLARATION

I, \_\_\_\_\_ (Occupation: Doctor) of \_\_\_\_\_

### DO SOLEMNLY AND SINCERELY DECLARE THAT

- I am the person identified in the foregoing Registration Form
- The statements made and the information shown in this Registration Form and in all attached documents are true and complete
- I am a Citizen or Permanent Resident of New Zealand or Australia
- There are no residency or citizenship impediments to my working in the hospitals and networks to which I intend applying
- I am a fully registered medical practitioner in New Zealand or Australia
- When training commences in December 2018 (New Zealand) or February 2019 (Australia), I will have had at least two years' full-time experience in approved training hospitals (including my pre-registration intern year) including a minimum of 21 months of broad experience in non-ophthalmic medical, clinical and surgical settings within such posts
- All persons named to corroborate information on my registration form have given their permission to be contacted in regard to this information
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to contact the people nominated in my Registration Form to collect information relating to this registration
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to contact the people nominated in my Registration Form to check on the validity of claims made by me in my statements and collect additional information
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to contact colleagues, supervisors, or healthcare professionals, with whom I have worked (including, but not limited to, those nominated as referees), to check on the validity of claims made by me in my statements and collect additional information
- I give permission to the Royal Australian and New Zealand College of Ophthalmologists to contact educational institutions where I have studied to collect information relating to this registration
- I acknowledge that The Royal Australian and New Zealand College of Ophthalmologists is not liable for the accuracy of any information gathered by it pursuant to the permissions contained in this statutory declaration.
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to pass information from my referees to the selection committees of those hospitals/training networks that I apply to. I understand that this information may then be used by the hospitals for selection purposes
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to pass my Registration Form to the selection committees of those hospitals/training networks that I apply to. I understand that this information may then be used by the hospitals for selection purposes
- I give permission for The Royal Australian and New Zealand College of Ophthalmologists to use my Registration Form as part of their reporting evaluative and improvement processes
- I make this solemn declaration, conscientiously believing the same to be true and by virtue of:
  - the Oaths and Declarations Act 1957 (for New Zealand applicants) OR
  - the Statutory Declarations Act, 1959 (for Australian applicants)

Signature of the person making the declaration and giving consent to collect information

**Applicant Signature:** .....

**Applicant:**

**Declared at:** ..... (location)

**on the** ..... **day of** ..... **(month)** ..... **(year)**

**Before me** ..... **Witness's Signature**

..... **Name and title of witness**

..... **Witness's address**

**The witness must be a nominated person who can witness a statutory declaration.** In **Australia**, this group includes registered members of the following professions: Chiropractor, Dentist, Legal practitioner, Medical practitioner, Nurse, Patent attorney, Pharmacist, Physiotherapist, Psychologist or Veterinary surgeon. In **New Zealand**, this group includes Justices of the Peace, solicitors, notaries public, Registrar or Deputy Registrar of the High Court or any District Council, authorised officers in the service of the Crown, any Member of Parliament.

**SECTION ONE**  
**PERSONAL INFORMATION**

**Title:**

**Family Name:**

**First Name:**

**Other Names:**

**Preferred Name:**

**Sex:**

**Date of Birth:**

**Postal address:**

**Telephone:**

**Mobile No.:**

**Facsimile:**

**Email:**

**Would you like us to identify you as being Aboriginal, Torres Strait Islander, New Zealand Maori or Pacific Islander?**

PLEASE NOTE: RANZCO may contact you at any time from May to September, it is your responsibility to inform RANZCO by email [selection@ranzco.edu](mailto:selection@ranzco.edu) of any changes to your contact details.

## CITIZENSHIP/ RESIDENCY STATUS

Please check one of the following:

- I am a permanent resident or citizen of Australia
- I am a permanent resident or citizen of New Zealand
- I am a dual permanent resident or citizen of Australia and New Zealand

Please submit a scanned (JPEG or PDF file) copy of one of the following to prove your citizenship or permanent residency status: birth certificate, passport, citizenship certificate, certificate of evidence of resident status. This must be submitted with your online Registration Form.

## MEDICAL REGISTRATION

**Current Medical Registration Number:**

**State Location:**

**Please list any restrictions that apply to your registration**

Please submit a scanned (JPEG or PDF file) copy of your current registration certificate from the Australian Medical Council or the Medical Council of New Zealand. This must be submitted with your online Registration Form.

## TRAINING NETWORKS EXPRESSION OF INTEREST

Please select the applicable training networks that you intend in applying to. By checking the box, you are submitting an Expression of Interest to this network, pending your registration being approved by RANZCO.

### PLEASE NOTE:

1. Recruitment details are usually on each hospital or health authority's websites. It is your responsibility to regularly check the applicable websites for information. Information regarding applying for employment in the training networks will also be posted on the RANZCO website if it becomes available to RANZCO.
2. In New Zealand, most of the training posts are supported by funding from Health Workforce New Zealand (HWNZ). RANZCO has been informed that from 2014 HWNZ will only fund doctors who are New Zealand citizens or permanent residents.

- New South Wales
- Victoria
- Queensland
- Western Australia
- South Australia
- New Zealand

SAMPLE

## SECTION TWO

### YOUR PREVOCATIONAL WORK EXPERIENCE

Give details of all positions you have held and have arranged to hold up until:

- end of November 2018 for applicants to New Zealand
- end of January 2019 for applicants to Australia or both Australia and New Zealand

List positions in reverse chronological order with your final position first. You are required to submit a Statutory Declaration declaring that when training commences in December 2018 (New Zealand) or January 2019 (Australia), you will have had two years (including pre-registration intern year) full-time experience in approved training hospitals including a minimum of 21 months of broad experience in non-ophthalmic medical, clinical and surgical settings within such posts.

Failure to clearly present in the table below that you meet or exceed the two-year minimum will result in your application being declined. Please enter each rotation on a separate line and indicate with an asterisk all positions that provided ophthalmology experience.

Total number of years since completing medical degree (New Zealand applicant to November 2018 and Australian applicant to January 2019):

Total number of years of full time equivalent supervised public hospital postgraduate medical experience since completing medical degree (to January 2019):

Position	Hospital	Field of Medical Experience	Month/Year Start	Month/Year End	Contracted hours/week

Position	Hospital	Field of Medical Experience	Month/Year Start	Month/Year End	Contracted hours/week



Position	Hospital	Field of Medical Experience	Month/Year Start	Month/Year End	Contracted hours/week

SAMPLE

## SECTION THREE

### REFEREES

RANZCO is collecting referee reports to provide a summary referee report for access by selection committees in the training networks. The online system will ask referees to respond to a series of questions related to your performance in the key roles of medical expert, scholar, communicator, collaborator, manager, health advocate, and professional. The report should take referees between 15-20 minutes to complete. Your referees should be chosen from those supervising consultants or other health professionals who have had the highest exposure to your clinical, surgical and research work over the past three years. **Current RANZCO Trainees are not eligible to be referees.**

Please provide the names and contact details of five referees and request permission from those you nominate. Inform your referees that they will be contacted by email as part of the selection process. You will be able to check online if your referees have responded and if not, you will be able to remind them of the closing date which is by **11:59 p.m. (AEST) Friday 1 June 2018**. To reduce problems with SPAM filters, where possible, please provide personal emails only.

**\*\* Applications to NSW Health:** If you intend to apply to NSW Health then your first two referees will also be used as employment referees.

PLEASE NOTE: RANZCO will contact referees from **Friday 4 May 2018** and request them to complete an online reference report. Referees may also be telephoned for a follow up reference check. RANZCO will not authorise the release of any individual referee report to an applicant, nor to a hospital selection committee nor to any other party. RANZCO will collect the individual referee reports and prepare consolidated summaries for the hospital selection committees to which the applicant applies.

Title	First name	Last name	Email	Telephone/Mobile (please include country and area code)	Fax (please include country and area code)
**					
**					

## SECTION FOUR

### SELECTION CRITERIA

RANZCO's selection criteria are the seven key roles which underpin the work of a specialist ophthalmologist: medical expert, scholar, communicator, collaborator, manager, health advocate and professional. A detailed description of these key roles is under each separate heading. For more guidance on the key roles, you may like to review the information contained in the Social and Professional Responsibilities Curriculum Standard which can be found on the [RANZO website](#).

The following sections provide you with an opportunity to show the extent to which you demonstrate knowledge, skills and attitudes that match the selection criteria.

While we do not want to encourage self-aggrandisement, please do not be falsely modest in presenting your information. Ensure that you include your experiences and achievements, from both your medical and non-medical life, in sufficient detail to enable an assessment of your claims against the selection criteria. Do not give a view of what you would do against each key role, but rather what you have done. Selection committees will not guess or make assumptions and if an experience is not included, it cannot be incorporated into an assessment of you. You may find it helpful to write in bullet points.

#### A. MEDICAL EXPERT AND CLINICAL DECISION MAKER

##### Role description

Ophthalmologists possess a defined body of knowledge and procedural skills, which is used to collect and interpret data, make suitable clinical decisions, and perform diagnostic and therapeutic procedures within the boundaries of their expertise. Their contribution is characterised by up-to-date, ethical, and cost-effective clinical practice and effective communication, in partnership with patients, health professionals, and the community.

Use the space below to provide information about your clinical work and surgical experience, in both local and overseas training hospitals. Indicate the specific procedures that you have carried out and the level of supervision required.

**Write no more than 300 words**

SAMPLE

**SECTION FOUR – continued**

**Summary of ophthalmology work experience**

Please summarise your ophthalmic work experience in this table. Estimate the average hours per week you spent in each of the listed categories. Please list in **reverse chronological order** (most recent first).

Dates Start- Finish mm/yyyy – mm/yyyy	Location	Job Title	Average hours per week				
			Eye A & E	Supervised Clinic	Unsupervised Clinic	Supervised Ophthalmic Surgery	Unsupervised Ophthalmic Surgery

## SECTION FOUR - continued

### B. SCHOLAR

#### Role description

Ophthalmologists engage in a lifelong pursuit to master their domain of professional expertise. They recognise the need to be continually learning, and model this for others. Through their scholarly activities, they contribute to the appraisal, collection, and understanding of health-care knowledge, and facilitate the education of their students, patients and others.

**Only list qualifications completed at the time of this application. If you include Ph.D. qualifications you must specify if your thesis has been submitted or the Ph.D. awarded, as well as relevant dates.**

PLEASE NOTE: Upload a full certified academic transcript for any higher qualifications i.e. bachelor, masters, or doctorate degrees

Tertiary Qualifications (accredited universities)	Title of Qualification	University	Year Completed/ Ph.D. Awarded	Date Thesis Submitted	Transcript Uploaded

Prizes and Scholarships	Date Awarded

**SECTION FOUR – continued**

**Teaching experience**

Write no more than 300 words.

SAMPLE

## SECTION FOUR – continued

### Research

Please provide a brief description of your research experience below, include details of any research posts or grants.

**Write no more than 300 words.**

SAMPLE



## SECTION FOUR – continued

### Publications

In this section of your registration, please list your publications in reverse chronological order using the Vancouver convention for citation. You may include papers that have been submitted but not yet accepted (in press), but do not include work that has been submitted and rejected. Clearly indicate the status of each article e.g. Published/e-Pub/In Press by entering the date published/submitted.

For each publication: state if you were first author; indicate the type of article; estimate the percentage contribution you made; briefly describe your own role in the conception of the research project, including the literature review, funding, data collection and analysis. Space is provided for 10 publications. If you have more than 10 publications, please select the 10 most important for inclusion and ensure you list publications in reverse chronological order. You are also requested to self-rank each publication in the space provided. Should this section not apply, please enter N/A and continue to the next screen.

Publication (full citation)	Published	ePub	In Press Only	First Author	Type of Article	% Contribution Plus Your Role	Rank (1-10)

## SECTION FOUR – continued

### Presentations

In this section of your registration, please provide details of relevant presentations you may have given which you would like the selection committees in the training networks to be aware of.

For each presentation, state if it was oral, poster or other and indicate the date of the presentation, type of meeting (Local/State, National or International) and venue. Space is provided for 5 presentations. If you have more than 5 presentations, please select the most important for inclusion – listing them in reverse chronological order, estimate the percentage contribution you made and self-rank each presentation in the space provided. Should this section not apply, please enter N/A and continue to the next screen.

Presentation (title and details)	Type	Date	Meeting Type	% Contribution Plus Your Role	Rank (1-5)

## SECTION FOUR – continued

### C. COMMUNICATOR

#### Role description

To provide humane, high-quality care, ophthalmologists establish effective relationships with patients, medical practitioners and other health professionals. Communication skills, such as highly developed oral, written and listening skills as well as an awareness of nonverbal cues and cultural norms, are essential for the functioning of an ophthalmologist and are needed for obtaining information from, and conveying information to, patients and their families. Furthermore, these abilities are critical in eliciting patients' beliefs, concerns and expectations about their illnesses, and for assessing factors that have an impact on a patient's eye health.

Use the space below to provide further information about your skills and experience (both medical and non-medical) as a communicator.

**Write no more than 300 words.**

SAMPLE

## SECTION FOUR – continued

### D. COLLABORATOR

#### Role description

Ophthalmologists work with others who are appropriately involved in the care of individuals or groups of patients. Thus, ophthalmologists must be able to collaborate with patients and a multidisciplinary team of health professionals to provide optimal patient-care, education and research.

Use the space below to provide further information about your skills and experience (both medical and non-medical) as a collaborator.

**Write no more than 300 words.**

SAMPLE

## SECTION FOUR – continued

### E. MANAGER

#### Role description

Ophthalmologists function as managers when they make daily practice decisions involving resources, co-workers, tasks, policies, and their personal lives. They do this in the settings of individual patient-care, practice organisations, and in the broader context of the health-care system. Thus, ophthalmologists should be able to prioritize and execute tasks through teamwork and make systematic decisions when allocating finite health-care resources. Ophthalmologists take on positions of leadership in the context of professional organisations and the health-care system.

Use the space below to provide further information about your skills and experience (both medical and non-medical) as a manager.

**Write no more than 300 words.**

SAMPLE

## SECTION FOUR – continued

### F. HEALTH ADVOCATE

#### Role description

Ophthalmologists recognize the importance of advocacy activities in responding to the challenges represented by the socio-economic, environmental, and biological factors that determine the health of patients and society. They view advocacy as an essential component of health promotion that occurs at the level of the individual patient, the practice population, and the community. Health advocacy is appropriately expressed both by the individual and collective responses of ophthalmologists in influencing public health policy.

Use the space below to provide further information about your skills and experience (both medical and non-medical) as a health advocate.

**Write no more than 300 words**

SAMPLE

## SECTION FOUR – continued

### G. PROFESSIONAL

#### Role description

Ophthalmologists have a unique societal role as professionals with a distinct body of knowledge, skills, and attitudes dedicated to the maintenance and improvement of eye health in the community. Ophthalmologists are committed to excellence in clinical care and ethical conduct, and to ongoing mastery of ophthalmology.

Use the space below to provide a summary of your skills and experience (both medical and non-medical) as a professional.

**Write no more than 300 words.**

SAMPLE

## SECTION FIVE

### PROFESSIONAL

Have you registered with RANZCO for matching in previous years?

If yes, please indicate which years you registered

2010

2011

2012

2013

2014

2015

2016

2017

SAMPLE