

For training starting in December 2019 (New Zealand) and February 2020 (Australia)

Applicants can complete and lodge the Registration Form via the link provided when signing up, or the link on the RANZCO website, until 28 February 2019 at 11:59 p.m. (AEDT). Registrations submitted after this date and time will not be accepted.

In addition to completing the Registration Form, applicants are required to upload the following scanned certified documents (PDF or JPEG):

- completed statutory declaration;
- proof of indigenous background if applicable, e.g. AIDA, or Te ORA membership;
- evidence of citizenship or permanent residency in Australia and/or New Zealand, e.g. passport, citizenship certificate, or certificate of evidence of resident status;
- certificate of medical registration from the Medical Board of Australia (MBA) and/or Medical Council of New Zealand (MCNZ); and
- academic transcripts for higher qualifications, i.e. bachelor's, master's, or doctorate degree.

Please follow the **MBA** or **MCNZ** guidelines when certifying documents. There is a 3 MB file size limit for each file, and you may require **Adobe Flash Player 9** installed on your computer. We recommend that you scan your certified documents at no higher than 300 dpi to minimise the file size and improve the upload speed.

Applicants will be notified by email as follows:

- to remind of the closing date for registration (14, 21 and 27 February);
- to confirm receipt of completed online Registration Form, scanned certified documents, and non-refundable application fee (by 28 February);
- to confirm approval of registration and to provide situational judgement test (SJT) instructions (4-8 March);
- to remind of the closing date for submission of referee reports (15, 22 and 29 March);
- to confirm receipt of completed Referee Form (by 31 March);
- to invite for multiple mini interviews (MMI) if eligible, or to advise progress of application and to provide feedback if not eligible (19 April);
- to advise progress of application and to provide feedback if invited for MMI (1 June); and
- to provide link to online training network preference form if shortlisted after MMI (1 August).

Please familiarise yourself with the RANZCO Trainee Selection Policy, Trainee Progression Policy, and selection timetable on the [RANZCO website](#). If you have any questions or concerns, please email selection@ranzco.edu

Declaration

- I confirm that I satisfy the eligibility requirements to apply for RANZCO ophthalmology training to commence in December 2019 (New Zealand) and February 2020 (Australia):
- Medical degree with full registration to practice 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 18 months of broad experience in non-ophthalmic medical, clinical, and surgical settings within such posts.

**TAX INVOICE
REGISTRATION FOR SELECTION
VOCATIONAL TRAINING PROGRAM**

Family name:

First name:

Other names:

Billing address:

METHODS OF PAYMENT

(The fee in 2019 is **AUD 1200** non-refundable)

Please indicate your method of payment:

EFT/Direct Deposit to RANZCO's account with Commonwealth Bank

Please enter the following information:

Account name: RANZCO

BSB: 062-016

Account number: 0090 4644

Reference No. [Enter full name]

Credit Card

Please pay using Mastercard or Visa via button on online form only. All payments made by credit card will incur a 1% surcharge to reflect the cost of fees charged for credit card transactions.

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 (or will be by 1 April 2019) of New Zealand and/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 2019 (New Zealand) or February 2020 (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 18 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:

Gender:

Date of birth:

Postal address:

Email address:

Mobile number:

RANZCO may contact you at any time from February to September, it is your responsibility to inform RANZCO by email selection@ranzco.edu of any changes to your contact details.

SECTION ONE – continued

Indigenous background

1. Do you identify yourself as Maori, Pasifika, or Aboriginal/Torres Strait Islander ethnicity?
If so, please briefly describe your heritage and/or connection.

2. Please list any specific involvement with Maori, Pasifika or Aboriginal communities e.g. being a member of Te Ora, Maori or Pacific Medical student bodies. (300 words or less)

Please submit a certified copy (JPEG or PDF file) of relevant membership details. This must be submitted with your online Registration Form.

SECTION ONE – continued

Rural and regional exposure

Rural area is defined as outside the metropolitan areas of Auckland, Hamilton, Wellington, Christchurch or Dunedin, or for Australia, the [Modified Monash Model \(MMM\)](#) scale level 2-7.

1. Have you worked in healthcare or spent a significant part of your primary and/or high school in rural, regional or provincial areas in New Zealand or Australia? This is defined as outside the metropolitan areas of Auckland, Hamilton, Wellington, Christchurch or Dunedin, or for Australia, the Australian Monash scale level 2-7. Please provide details.

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2. Please outline any other relevant ties or exposure to rural or regional New Zealand or Australia (300 words or less)

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3. Did you attend primary school or high school in a rural area in Australia and/or New Zealand?

Yes No

If yes, specify which area(s) (including its MMI category), which school you attended and how many years in each rural area.

Dates (dd-mm-yyyy – dd-mm-yyyy)	Primary or high school	Name of school	Location including MMM category

4. Was your undergraduate program rurally focussed?

Yes No

If yes, specify which program and how many years of your undergraduate experience occurred in this program.

Dates (dd-mm-yyyy – dd-mm-yyyy)	Undergraduate program	Name of school	Location including MMM category

5. List any work as a doctor postgraduation in a rural area. Specify for each post: location (including its MMI category), months worked and job description.

Dates (dd-mm-yyyy – dd-mm-yyyy)	Post	Job description	Location including MMI category

SECTION ONE – continued

CITIZENSHIP / RESIDENCY STATUS

Please check one of the following:

- I am a permanent resident or citizen of Australia
- I expect to be a permanent resident or citizen of Australia by 1 April 2019
- I am a permanent resident or citizen of New Zealand
- I expect to be a permanent resident or citizen of New Zealand by 1 April 2019
- I am a dual permanent resident or citizen of Australia and New Zealand

Please submit a certified copy (JPEG or PDF file) of one of the following to prove your citizenship or permanent residency status: 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 certified copy (JPEG or PDF file) 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.

SECTION ONE – continued

TRAINING NETWORKS EXPRESSION OF INTEREST

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, applicants must apply separately to an accredited ophthalmology training position in NSW, VIC, and QLD. It is the applicant's responsibility to check the hospital or health authority's website for recruitment guidelines and campaign dates.

In New Zealand, the majority 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.

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.

- New South Wales (Sydney Eye Hospital and Prince of Wales Hospital)
- New Zealand
- Queensland
- South Australia
- Victoria
- Western Australia

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. A total of seven referees is requested.

At least six of these referees will be used to help grade your performance under the “medical expert” category so please choose someone who will be able to adequately comment on this, e.g. the consultant of your clinical team. We expect you to select one referee from four different terms to help get a better understanding of your experience. Preferably choosing your most recent work roles. **All current RANZCO trainees are not eligible to be referees.**

Please provide the names and contact details of **seven** 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. (AEDT) on 31 March 2019**. 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.

RANZCO will contact referees from 8 March 2019 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. RANZCO will collect the individual referee reports and prepare consolidated identified summaries for the RANZCO Selection Panel and training network selection committees to which the applicant applies.

Title	First name	Family name	Email address	Contact number (include country and area code)	Position	What capacity/time you worked with them?
**						
**						

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 [RANZCO 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

Are you able to work in any medical jurisdictions other than Australia and New Zealand? E.g. passed the USMLE?

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).

Start and finish dates (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 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, City, State, Country	Year completed/ Ph.D. awarded	Date thesis submitted	Transcript uploaded

Prizes and scholarships (include high school if relevant)	Date awarded

SECTION FOUR – continued

Teaching experience

Write no more than 300 words.

A large, empty rectangular box with a thin black border, intended for the applicant to write their teaching experience. The box occupies most of the page below the instructions.

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.

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 current 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 citation (excluding authors) and official link to abstract (e.g. PubMed)	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 (include title and details)	Type	Date	Meeting type	% contribution plus your role	Rank (1-5)

SECTION FOUR – continued

C. OTHER ATTRIBUTES

Use the space below to provide information on other areas you have excelled in.

Write no more than 300 words.

List any additional experience you have evidence of.

SECTION FIVE

PREVIOUS REGISTRATIONS

Please check the year/s in which you previously registered for selection.

2010

2011

2012

2013

2014

2015

2016

2017

2018

SECTION SIX

SITUATIONAL JUDGEMENT TEST VENUE

Please indicate where you prefer to sit the online situational judgement test on Saturday 16 March 2019 at 12:00-2:00 pm AEDT. You cannot change preferred venue after submission of registration form. Instructions will be emailed on 4 March 2019.

- Cliftons Adelaide
- Cliftons Auckland
- Cliftons Brisbane
- Cliftons Melbourne
- Cliftons Perth
- Cliftons Sydney
- Cliftons Wellington