

### For accredited ophthalmology training commencing in 2023

Registration is through the online form provided on the RANZCO website only.

As the form is lengthy, it is recommended that you periodically save your work. Do not click submit until you are sure you are happy with your work as **once the form is submitted it can no longer be edited**. Submissions close at 9:00am AEDT on FRIDAY 25 FEBRUARY. There are no exceptions or exemptions. If you are experiencing technical or other difficulties with the submission process, contact [selection@ranzco.edu](mailto:selection@ranzco.edu) before 25 February.

The registration form requires scanned certified documents to be uploaded as either PDF or JPEG. Every claim must be verified with evidence, and you are required to complete a statutory declaration as part of the registration process. You will be prompted to upload evidence at every stage. We request that you collate your evidence into **a single packet at each stage so that only one document, per stage, is uploaded**.

Please follow the **MBA** or **MCNZ** guidelines when certifying documents. There is a 3 MB file size limit for each file, and we recommend that you scan your certified documents at no higher than 300 dpi to minimise the file size and improve the upload speed.

Following 25 February, RANZCO will confirm your completed form and payment have been received. If you do not receive confirmation by 4 March, please contact [selection@ranzco.edu](mailto:selection@ranzco.edu). RANZCO will additionally provide you with your candidate number and confirmation of the date, time, and venue of your Situational Judgement Test. You are required to remember your candidate number; this is required to be able to sit the SJT.

As part of the registration process, RANZCO will contact your referees to prompt them to complete their reports. The onus is on you to ensure your referees are aware you have listed them as referees. You will be notified once a referee has completed their report. You can also log in to your account at any time during the referee process and review which referees have lodged their reports. We strongly encourage you to contact them if they haven't lodged their reports by 25 March. If you do not receive confirmation by 1 April, please contact [selection@ranzco.edu](mailto:selection@ranzco.edu).

**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](mailto:selection@ranzco.edu)**

## STATUTORY DECLARATION

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

### DO SOLEMNLY AND SINCERELY DECLARE THAT

- I am the person identified in the foregoing Registration Form
- I am a Citizen or Permanent Resident (or will be by 1 April 2022) 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 the 2023 clinical year, 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
- The statements made, and the information shown in this Registration Form and in all attached documents are true and complete
- All persons named on my registration form have given their permission to be contacted regarding any information they have been cited in relation to
- 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:
  - my registration form,
  - information from my referees,
  - result of the Situational Judgement Test (SJT),
  - other information obtained during the selection process to verify information provided on my registration form, and
  - information obtained during selection interviews (Multiple Mini Interviews) to Training Network Selection Committees and hospitals in the RANZCO training network. 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 and for academic research aimed at improving selection 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.

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

**Family name:**

**First name:**

**Other names:**

**Billing address:**

**METHODS OF PAYMENT**

(The fee in 2022 is AUD \$1,800, plus GST, 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.

## SECTION 1 – DEMOGRAPHICS

### PART A:

### PERSONAL INFORMATION

**Title:**

**Family name:**

**First name:**

**Other names:**

**Preferred name:**

**Gender\*** (select all that apply)

\*We collect this information to understand who is applying for selection into RANZCO's Vocational Training Program. We will examine this data against those who are successful in gaining a place in the VTP to help identify if there are sources of bias in our processes and to help us understand the future composition of the ophthalmic workforce.

- Woman
- Man
- Non-binary
- Prefer to self-describe \_\_\_\_\_
- Prefer not to say

**Date of birth:**

**Postal address:**

**Email address:**

**Mobile number:**

RANZCO may contact you via email, post or phone at any time from February 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. If we do not confirm we have received your changes, it means we have not received them so please resend.

SECTION 1 – DEMOGRAPHICS continued

PART B:

**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 Medical Board of Australia or the Medical Council of New Zealand. This must be submitted with your online Registration Form. Failure to submit evidence may result in your application being rejected.***

PART C:

**CITIZENSHIP / RESIDENCY STATUS**

Please check one of the following:

- I am or expect to be a permanent resident or citizen of Australia by 1 April 2022
- I am or expect to be a permanent resident or citizen of New Zealand by 1 April 2022
- I am or expect to be a dual permanent resident or citizen of Australia and New Zealand by 1 April 2022

***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. Failure to submit evidence may result in your application being rejected.***

SECTION 1 – DEMOGRAPHICS continued

PART D:

**INDIGENOUS BACKGROUND**

1. Do you identify as Māori, Pasifika, Aboriginal and/or Torres Strait Islander?

Yes

No

If yes, please briefly describe your heritage and/or connection.

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

***Please submit a certified copy (JPEG or PDF file) of membership details of AIDA, Te Ora, Māori or Pasifika medical student bodies. This must be submitted with your online Registration Form.***

## SECTION 1 – DEMOGRAPHICS continued

### PART E:

### REGIONAL EXPOSURE

Australian regional upbringing: defined as any Modified Monash Model (MMM) level 2-7

Australian regional work experience and higher education: defined as any Modified Monash Model level 2-7 except for Hobart and Townsville.

New Zealand regional upbringing: defined as outside the main urban areas of Auckland (Central, Northern, Western and Southern), Wellington (includes Upper and Lower Hutt, Porirua, and Kapiti) and Christchurch.

New Zealand regional work experience and higher education: defined as outside of the above main urban areas and additionally, outside Hamilton, Tauranga and Dunedin.

If you believe a location that you have spent significant time in is incorrectly categorised as urban, then make an entry under Other regional exposure to detail why you think this is the case.

If you believe your upbringing was in a regional area overseas, then make an entry under Other regional exposure with the relevant details.

Detailed documentary evidence such as emails, enrolment forms, letters, transcripts, a statutory declaration from a community member (provide link), etc, detailing location and duration must be included. In all cases, points will not be counted without this evidence.

#### Regional exposure

Each entry must be for a continuous period you have spent living in a regional area. Concurrent periods are not counted twice - that is, if you worked and studied in a regional location, any points allocated are for the overall period only.

Points are only awarded for periods of regional exposure greater than or equal to those defined in each of the following categories. Please do not make any entries for periods shorter than these minimum periods.

#### K-6 school

- Only enter periods for one or more full school years (e.g. 1 Jan - 31 Dec)
- Enter entire period resident in a regional area whilst attending school

#### 7-12 school

- Only enter periods for one or more full school years (e.g. 1 Jan - 31 Dec)
- Enter entire period resident in a regional area whilst attending school

#### Regional resident attending boarding school in an urban area

- Enter entire period resident in a regional area whilst attending boarding school

#### University/study

- Only enter periods of 6 or more full months
- Regional medical school placements will only be counted with evidence from the University documenting each discrete period of 6 or more months continuously studying in a regional location

#### Employment

- Only enter periods of 6 or more full months
- Do not enter outreach visits

Please enter each period separately. Please list entries in reverse chronological order.

Location and school, university, or employment details	Type	Start dd/mm/yyyy	End dd/mm/yyyy	MMM or NZ Profile

**Other regional exposure**

If, in addition to the above entries you have lived in a regional area for 6 months or more or you believe you currently have significant ties to a regional area, please provide details below. Points will not be awarded without evidence. Please ensure you are not duplicating the periods listed prior. Only list entries of 6 or more full months continuously resident in a regional location. Outreach visits should not be entered.

Location	Start dd/mm/yyyy	End dd/mm/yyyy	Details	MMM or NZ Profile

**Rural bonding programs**

If you have been the recipient of any rural bonding programs, then document them in the table below.

Name of bonding program	Year	Details of your current contractual obligations with any bonding program you have entered and any outstanding return of service obligations (RoSO)

For each row entered on this site you will need to provide evidence in support of your claim. Please ensure evidence for each row is collated into a single file and then uploaded.

*Please submit a certified copy (JPEG or PDF file) of your supporting document/s. This must be submitted with your online Registration Form. Failure to submit evidence for your claims will mean no points are allocated for this section of your registration form.*



**SECTION 2 - EDUCATION  
QUALIFICATIONS**

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 list in reverse chronological order with your final qualification first.

Tertiary qualifications (accredited universities)	Title of qualification	University, City, State, Country	Year completed/ Ph.D. awarded	Date thesis submitted

**ACADEMIC PERFORMANCE**

(Significant University-level Academic Prizes, Achievements, Distinctions and Scholarships)

Date awarded (mm/yyyy)	Institute	Prize or scholarship name	Reason for being awarded	Type	Award criteria (can be a URL)

**Please upload full certified academic transcripts and of any prizes and scholarships (JPEG or PDF file). This must be submitted with your online Registration Form. Failure to submit evidence for your claims will mean no points are allocated for this section of your registration form.**

### SECTION 3 – WORK EXPERIENCE

#### Part A: PREVOCATIONAL WORK EXPERIENCE

List all positions you have held and have arranged to hold up until end of January 2023.

Note the Statutory Declaration includes a declaration that when training commences in February 2023, you will have had two years (including pre-registration intern year) full-time experience in approved training hospitals including a minimum of 18 months of broad experience in non-ophthalmic medical, clinical, and surgical settings within such posts. Failure to clearly articulate 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 all positions that provided ophthalmic experience. Please list positions in reverse chronological order with your final position (to January 2023) first.

Total number of years since completing medical degree (to January 2023): \_\_\_\_\_

Total number of years of full time equivalent supervised public hospital postgraduate medical experience since completing medical degree (to January 2023): \_\_\_\_\_

Position	Experience (Non-ophthalmic, ophthalmic or both)	Hospital (include city, state, and country)	Field of medical experience	Start (dd-mm-yyyy)	End (dd-mm-yyyy)	Contracted hours/week	Head of department	Contact number of the hospital department, practice or mobile number and email. Not hospital switch board. (Include country and area code)

**Please submit a certified copy (JPEG or PDF file) of Employment Certificates (or equivalent) for the past two years. These must be submitted with your online Registration Form.**

### SECTION 3 - WORK EXPERIENCE continued

#### Part B:

#### SUMMARY OF OPHTHALMIC 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 (dd-mm-yyyy)	End (dd-mm-yyyy)	Duration	Location	Job title	Average hours per week				
					Eye A & E	Supervised clinic	Unsupervised clinic	Supervised ophthalmic surgery	Unsupervised ophthalmic surgery

**Please click the button below to download the Ophthalmic Work Experience Form. You must then print it, complete it, have it signed by a Head of Department or their nominee (RANZCO Fellow) and scan it as a JPEG or PDF. No other format will be accepted.**

**Please upload the scanned (JPEG or PDF file) and signed copy of your Ophthalmic Work Experience Form here. This must be submitted with your online Registration Form. Points will not be awarded without the signed form.**

**Note: If you believe you will gain substantially new experience (as outlined in the Ophthalmic Work Experience Form) between close of registration on 25 February and 28 March, you have the option to submit this form later. Important: The form must be submitted by no later than 9:00am AEDT 28 March to [selection@ranzco.edu](mailto:selection@ranzco.edu)**

**If you fail to submit the form by the due date, no points are allocated for this section of your registration form. No late forms will be accepted, and no reminders sent.**

**Attachment**

**Ophthalmic Work Experience Form - Applicant Name: \_\_\_\_\_**

Ophthalmic experience is NOT a pre-requisite to start training with RANZCO, but some of the training networks value applicants who have this experience.

Ophthalmic Experience by close of registrations or End of March 2022	Experience gained	Initials Supervisor
1) I am familiar with ophthalmic assessments using the slit lamp e.g. measure IOP, identify iritis.	<input type="checkbox"/>	
2) I can do a full clinical assessment including posterior segment exam. I have experience in initiating management of acute eye conditions.	<input type="checkbox"/>	
3) I have more extensive experience with acute on-call and am involved with ongoing care. 3.1) Current experience: Frequency of on-call as the primary eye doctor under supervision (e.g. 1 in 4) _____, number of months _____. 3.2)* Anticipated experience (between April 2022 and end of Jan 2023): Frequency of on-call as the primary eye doctor under supervision (e.g. 1 in 4) _____, number of months _____.	<input type="checkbox"/>	
4) I can do a full clinical assessment and have developed an initial level of competence in managing chronic eye conditions through working in clinics e.g managing glaucoma, ARMD, diabetic retinopathy patients.  4.1) Current experience: Average number of clinics per month _____, number of months _____.  4.2)* Anticipated experience (between April 2022 and end of Jan 2023): Average number of clinics per month _____, number of months _____.	<input type="checkbox"/>	
5) I have competency in ophthalmic clinic procedures, e.g. <ul style="list-style-type: none"> <li>• ophthalmic retinal laser,</li> <li>• laser Iridotomy,</li> <li>• Intra vitreal injections,</li> <li>• laser capsulotomy</li> <li>• other, please specify _____</li> </ul> _____ _____ _____ _____	<input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>  <input type="checkbox"/>	
6) I have demonstrated ability in clinical evaluation, e.g. <ul style="list-style-type: none"> <li>• refraction,</li> <li>• doing OCT scanning,</li> <li>• doing biometry</li> <li>• B scan ultrasound</li> <li>• binocular indirect ophthalmoscopy</li> <li>• other, please specify _____</li> </ul> _____ _____ _____ _____	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

Please also complete the second page.

## Ophthalmic Work Experience Form - continued

<p>7) I have demonstrated ability in surgical skills through exposure to surgery under supervision, e.g.</p> <ul style="list-style-type: none"> <li>• plastic surgery procedures eg skin biopsy and closure</li> <li>• lid surgery (laceration repair, chalazion, canthotomy)</li> <li>• operating with ophthalmic microscope</li> <li>• other, please specify _____</li> <li>_____</li> <li>_____</li> <li>_____</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
<p>8) I have practical experience that is equivalent to trainee registrar entry level, e.g. weekly eye theatre and clinics under supervision.</p> <p>8.1) Role _____, number of months _____.</p> <p>8.2)* Anticipated equivalent role/location (between April 2022 and end of Jan 2023) _____, number of months _____.</p>	<input type="checkbox"/>	

\* Anticipated (future) experience will not be graded in the centralised selection process.

\_\_\_\_\_

Name (Head of Department or their nominee (FRANZCO)) can confirm that I witnessed above current ophthalmic work experience.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place of Work (Head of Department or their nominee (FRANZCO))

\_\_\_\_\_  
Contact email or phone

\_\_\_\_\_  
Date

## SECTION 4 - CANMEDS 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. More information on the roles is available 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. Do not give a view of what you would do against each key role, but rather what you have done. Please be honest in presenting this information. You are encouraged to 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.

### PART 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**

EXAMPLE

**SECTION 4 – CANMEDS continued**

**PART 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.

**Teaching experience**

**Write no more than 300 words.**

EXAMPLE ONLY

**SECTION 4 – CANMEDS continued**

**Research**

Please provide a brief description of your research experience below, include details of any research details of research posts, degrees, publications summary, awards and/or grants.

**Write no more than 300 words.**

EXAMPLE ONLY

**Scholarships and Grants**

Please only enter if you were the Chief Investigator

Name of Scholarship or Grant	Year and amount won	Significance, outcome and other details

***Please submit a certified copy (JPEG or PDF file) of your supporting document/s. This must be submitted with your online Registration Form. Points will not be awarded without evidence.***



**SECTION 4 – CANMEDS continued**  
**Research and Publications**

Please list your publications in reverse chronological order using the Vancouver convention for citation. If you include papers that have been submitted and accepted but not yet published (in press), please include the journal confirmation of acceptance for in press manuscripts. Do not include work that has been submitted and not yet accepted or rejected.

If you have more than 10 publications, please select the 10 most important.

Please use the Web of Science for Journal Impact Factors (<https://mjl.clarivate.com/journal-profile>)

If you do not have any publications to list, please enter N/A.

No. of Authors	Authorship Position	Article title	Publishing journal	Type	Publication / acceptance date (mm/yyyy)	Pubmed ID / DOI link	Journal Impact Factor

***Please upload certified copies (JPEG or PDF file) of journal confirmations of acceptance for in press manuscripts not yet published that have been submitted and accepted.***

**SECTION 4 – CANMEDS continued**  
**Presentations**

Please list presentations in reverse chronological order. Space is provided for 5 presentations. If you have more than 5 presentations, please select the most important for inclusion. Please provide the number of presenters and your role by estimating the percentage of your contribution.

If you do not have any presentations to list, please enter N/A.

Meeting/event name	Meeting/event location	Meeting type (Rounds, Local, State, International)	Presentation Title	Type / Format (oral, poster, etc.)	Date of presentation (mm/yyyy)	Number of presenters / your role (% contribution)

EXAMPLE

## SECTION 5 OTHER ATTRIBUTES

Please pay close attention to the criteria listed at each question. Do not make entries outside the entry criteria. Every achievement you document must be supported by detailed documentary evidence submitted with your registration. Points will not be awarded without evidence.

Only enter achievements from the age of 16 years onwards (18 years and onwards for volunteer work) and do not detail school competitions. Do not include any achievements already listed in the Registration Form.

### 1. Representative sporting achievements in international, national, state/provincial, or regional level tier competitions

- Only enter international, national, state/provincial, or regional tier competitions
- Do not enter local club teams achievements and do not include sports where you represented your school
- Only enter youth (from 16 years) and adult achievement(s) – do not include childhood sporting achievements
- Entries can include umpiring achievements

Sport	Name of team/group (or note if completed as an individual)	Place team based	Year(s) completed	Level of competition	List any significant competition(s) undertaken or achievements (e.g., captain) as part of this team or as an individual	List any significant competition(s) results in the listed competitions

### 2. Other high achievements - music, the arts and non-representative sporting achievements

- Do not include achievements where you represented your school
- Only enter achievements from 16 years and older on - do not include childhood achievements
- Music and the arts achievements:
  - o only enter AMEB grade 7 or equivalent and above
  - o orchestras – only enter youth and adult orchestras from 16 years and older
  - o Enter any major competitions, exhibitions, and achievements from 16 years and older
- Non representative sporting achievements: e.g. black belt (only enter if adult category)
- Non-academic scholarship and/or grant: e.g. for sports, music, or the arts

Sport, instrument, art or other activity	Achievement - be specific	Year(s) achieved	Detail the achievement. Why do you think this achievement is significant?

**3. Volunteer work, fund raising, etc (within the last six years)**

- Only enter any volunteering work undertaken from 18 years onwards
- Only enter any volunteering work undertaken in the last 6 years
- **Full-time volunteering:** enter continuous period(s) of 3 or more months – a cumulative period of 6 or more months is required to score points
  - o Do not enter periods shorter than 3 months
  - o Do not make any entries if you have not volunteered for a cumulative fulltime period of ≥ 6 months
  - o Do not enter student electives
- **Part time volunteering:** only make an entry if you have cumulatively volunteered for ≥ 100 hours per annum (>8 hours per month on average) for 3 or more years.
  - o **Do not** make entries where you volunteered less than 100 cumulative hours per annum.
  - o **Do not** enter roles undertaken as a junior doctor, or medical student in RMO societies, etc.
  - o **Do not** enter roles undertaken at your place of worship
  - o You may enter mentoring roles
- Enter instances where you have raised substantial money for charity
- Enter any significant leadership roles – do not enter junior doctor or medical student roles etc.

Description of volunteering work, fund raising, leadership	Dates and duration - months and years. Enter continuous periods of involvement only	Average hours spent per month (for volunteering). Monies raised for fund raising	Significance and other details

**Please submit a certified copy (JPEG or PDF file) of your supporting document/s. Points will not be awarded without evidence. This must be submitted with your online Registration Form. Points will not be awarded without evidence.**

## SECTION 6 REFEREES

Referee reports are collected by RANZCO to assist with RANZCO's selection process and are provided to Training Network Selection Committees for their selection processes.

At least four of these referees will be used to help grade your clinical performance under the "medical expert" category. Please ensure you select referees who have frequently observed your clinical work, 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. **All current RANZCO trainees are not eligible to be referees.**

Please ensure you have asked your nominated referees for permission to use them as a referee and they are happy to provide written referee reports and be contacted by RANZCO.

RANZCO will email referees from 4 March 2022 and ask 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 any relevant Training Network Selection Committees.

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

Title	First name	Family name	Email address	Direct contact number (include country and area code)	Position, Workplace	What capacity/time you worked with them?	Is this a clinical referee? Yes or No
**							
**							

## SECTION 7 TRAINING NETWORKS EXPRESSION OF INTEREST

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

In addition to this Registration Form, you must apply separately for an accredited ophthalmology training position in New South Wales and Queensland if you want to train in either or both of these Networks. It is your responsibility to check the hospital or health authority's websites for recruitment guidelines and campaign dates.

Each Network has its own employment processes and local priorities, please see the information provided by the networks on the RANZCO website for further details.

In New Zealand, the employing hospitals receive some funding from Health Workforce New Zealand (HWNZ). RANZCO has been informed that from 2014, this funding will only be provided for doctors who are New Zealand citizens or permanent residents.

Please select the applicable training networks that you intend applying to, this is not binding. Please indicate your preference at this stage by entering 1-7 in the below box next to every network (1 being your highest preference to 7 being the lowest). You may rank any number of networks equally by entering the same number into the ranking boxes. This ranking is used by the College for planning purposes AND is NOT released to employing bodies/networks. By selecting networks, you are submitting an Expression of Interest to this network, pending your registration being approved by RANZCO.

- New South Wales – Prince of Wales Hospital
- New South Wales – Sydney Eye Hospital
- New Zealand
- Queensland
- South Australia
- Victoria
- Western Australia

**Would you be interested to train in the Rurally Enhanced Training Network?**

- Yes
- No

**SECTION 8**  
**PREVIOUS REGISTRATIONS**

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

- 2010
- 2011
- 2012
- 2013
- 2014
- 2015
- 2016
- 2017
- 2018
- 2019
- 2020

EXAMPLE ONLY

## SECTION 9 SITUATIONAL JUDGEMENT TEST VENUE

Please indicate where you prefer to sit the online situational judgement test on **Tuesday 15 March 2022**. You cannot change your preferred venue after submission of registration form. Instructions will be emailed on or before 4 March 2022.

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

## MULTIPLE MINI INTERVIEWS VENUE

In case you are invited to the (virtual) MMI please indicate where you prefer to sit the interviews on Saturday 21 May 2022. Instructions will be emailed on or before 6 May 2022

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