

For accredited ophthalmology training commencing in 2025

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 5 APRIL**. There are no exceptions or exemptions. If you are experiencing technical or other difficulties with the submission process, contact selection@ranzco.edu by COB Monday 1 April AEDT. Requests for support after this date may not be addressed before the form closes at 9:00am AEDT on Friday 5 April.

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 5 April, RANZCO will confirm your completed form and payment have been received. If you do not receive confirmation by 11 April, please contact selection@ranzco.edu. RANZCO will additionally provide you with your candidate number and confirmation of the date, time, and details of your Asynchronous Video Interviews (AVI - formerly known as Multiple Mini Interviews). You are required to remember your candidate number; this is required to be able to sit the AVI.

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 29 April.

Please familiarise yourself with the RANZCO Vocational Training Program Selection and Appointment Policy, Trainee Progression Policy, and selection timetable on the [RANZCO website](https://www.ranzco.edu.au). If you have any questions or concerns, please email 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 2024) 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 2025 clinical year, I will have had at least two years' full-time experience (with a minimum of 47 weeks full-time equivalent (FTE) per year) 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 acknowledge that RANZCO training is comprehensive, and no preparatory courses are necessary. While those considering a career in ophthalmology may choose to take on such courses, they will not provide additional binational selection points and any compulsory course still need to be undertaken (this includes the surgical skills training program which is part of RANZCO Induction).
- 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 understand RANZCO may contact my referees and any individuals who would reasonably be able to provide insight into the claims made in my Registration form.
- 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,
 - 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. Data from the form can also be stored for finance reconciliation.
- 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 2024 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

What is your cultural/ethnic background: _____

Date of birth:

Postal address:

Email address:

Mobile number:

RANZCO may contact you via email, post or phone at any time from March to August, it is your responsibility to inform RANZCO by email 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 2024
- I am or expect to be a permanent resident or citizen of New Zealand by 1 April 2024
- I am or expect to be a dual permanent resident or citizen of Australia and New Zealand by 1 April 2024

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. Are you of Māori, Pasifika, Aboriginal and/or Torres Strait Islander origin?

No

Yes, Māori

Yes, Pasifika

Yes, Aboriginal

Torres Strait Islander

Yes, Aboriginal and Torres Strait Islander

2. If yes, please list any specific involvement with Māori, Pasifika or Aboriginal communities e.g., being a member of AIDA (Indigenous Medical Graduate), Te Ora (Māori Medical Graduate), Māori, or Pacific Medical student bodies (300 words or less). For Te Ora membership please also list how many Te Ora Conferences you have attended. For Aboriginal and/or Torres Strait Islanders please provide a [Confirmation of Aboriginality](#) form. This is a certificate that acknowledges that you are known to your community as an Aboriginal person.

Please submit a certified copy (JPEG or PDF file) of your Confirmation of Aboriginality (AUS) or membership details of 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 and work experience: defined as any Modified Monash Model (MMM) level 2-7

Australian regional higher education: for regional scoring of undergraduate studies, regional centres such as Hobart, Townsville and Dunedin are regional for upbringing and work experience but not for undergraduate studies unless undertaken in a **rural-enhanced program** (this must be confirmed by the medical school).

New Zealand regional upbringing and work experience: 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 higher education: points are awarded for rotations 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, etc, detailing location and duration must be included. In all cases, points will not be counted without this evidence. When studying in a regional area, you need to provide a completion of term(s) letter rather than an offer letter.

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 – these will not be counted. Embellishment will be considered a reason for declining an application.

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 note: To gain any points under Regional Exposure you must meet the threshold of a minimum of three (3) points for any experience to count. **Please do not enter experience less than that.** The point allocation can be found on our Selection website.

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

Location and name of school and/or 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 the 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.

Primary medical qualification (accredited universities)	Title of Qualification (such as MBBS or MD)	University, City, State, Country	Year completed/ awarded

Please list additional qualifications in reverse chronological order with your final qualification first.
(Do not list 'Doctor of Optometry' or 'Master of Ophthalmology' under Master's qualifications).

Additional 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, including Rhodes and Fulbright - please check the point allocation on our Selection website)

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

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 upload full certified academic transcripts and certified copies 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 2025.

Note the Statutory Declaration includes a declaration that when training commences in February 2025, you will have had two years (including pre-registration intern year) full-time experience (with a minimum of 47 weeks full-time equivalent (FTE) per year) 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.

RANZCO will verify claims made here with the Heads of Department. Embellishment will be considered reason for declining an application.

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 2025) first.

Total number of years since completing medical degree (to January 2025): _____

Total number of years of full time equivalent supervised public hospital postgraduate medical experience since completing medical degree (to January 2025): _____

Note: RANZCO may contact any of your previous supervisors listed below.

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	Main Supervisor	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 each work experience claimed. These must be submitted with your online Registration Form. Failure to submit evidence may result in your application being rejected. Please ensure evidence for each row is collated into a single file and then uploaded.

SECTION 3 - WORK EXPERIENCE continued

Part B:

SUMMARY OF OPHTHALMIC WORK EXPERIENCE

Please summarise your ophthalmic work experience as of the date of your application 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, and have each claim signed by your Supervisor. The entire form then needs to be signed by the Head of Department or their nominee (RANZCO Fellow) and scanned 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.

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 Professional Capabilities 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.

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.

Grants/Scholarships (Research)

Please only enter if you were the Chief Investigator. Please only enter substantial local, national or international grants and provide the granting body e.g., NHMRC

Name of Scholarship or Grant incl. granting body	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. Do not include 'letter to editor' or 'meeting abstracts'.

If you have more than 10 publications, please select the 10 most important. The point allocation for ophthalmic publications is the same as for publications in other areas.

Please use the Web of Science for Journal Impact Factors (<https://mjl.clarivate.com/journal-profile>). **Major publications considered are those with a JIF of > 4.**

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 (make sure links are working) or provide certified copies of your articles	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)

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

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.

Do not detail school competitions. Do not include any achievements already listed in the Registration Form. Do not include academic achievements.

1. Representative sporting achievements in international or national level

- Only enter international or national tier competitions (incl. e-Sports and/or mind games e.g. Chess).
- Do not include any state/provincial, or regional level competitions.
- Do not enter local club teams achievements and do not include sports where you represented your school.
- Entries can include umpiring achievements.
- Sports without a substantial governing body and without sufficiently large player base will not be considered.
- Do not include niche or informal sporting 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, humanities and the arts achievements

- Enter any international or national competitions, exhibitions, and achievements.
- List any non-academic national or international scholarship and/or grant: e.g. for humanities, 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?

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. Please ensure evidence for each row is collated into a single file and then uploaded.

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. Please nominate five six referees to complete standard referee questions.

At least four of these referees will be used to help grade your clinical performance under the “medical expert” category. You should choose supervising consultants who have had the highest exposure to your clinical, surgical and research work over the past two years. If possible three referees should be from different non-ophthalmology runs or terms e.g. PGY1 and 2, from the past three years. **All current RANZCO trainees and anyone who have been a trainee in the last 12 months 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 12 April 2024 and ask them to complete an online reference report. Referees may also be telephoned for a follow-up reference check. 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 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
- Regionally Enhanced Training Network
- Queensland
- South Australia
- Victoria
- Western Australia

SECTION 8 PREVIOUS REGISTRATIONS

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

2014

2015

2016

2017

2018

2019

2020

2021

2022

2023

SECTION 9

ASYNCHRONOUS VIDEO INTERVIEWS

In 2024 all applicants will be able to take part in the Asynchronous Video Interviews (AVI - formerly known as Multiple Mini Interviews). These can be taken from a location of your choosing. It is your responsibility to ensure you have a strong and stable internet connection without firewalls or measures that would prevent you participating. They will take place on Tuesday 30 April 2024. Instructions will be emailed on or before 15 April 2024

Is there a certain day (weekday or weekend day) that you are unavailable for AVI and network assessments due to religious beliefs. Please enter below:
