



The Royal Australian and New Zealand College of Ophthalmologists ABN 80 000 644 404
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Ophthalmic Work Experience Form

Applicant Name:

This form must be submitted with your application by **5 April 2024**.

Applicants:

If you are unsure of how to answer a question, please contact selection@ranzco.edu. **DO NOT GUESS**. False or misleading claims made deliberately or inadvertently will result in your selection application being rejected. ([Link to the Selection Policy](#))

You must ask a Supervisor, who is a Fellow of the College, to sign this form. **They cannot sign off your experience if they did not witness it.**

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

Anticipated (future) experience will not be graded in the centralised selection process, but the inclusion of relevant information might be valuable to some of the networks.

Supervisors:

Please ensure you carefully review the form before initialling each claim and signing the overall form.

Your signature indicates that you have read and fully agree with the claims being made by the applicant.

If you have questions about the terminology or the form itself, please contact selection@ranzco.edu.

Supervisor's name:

Head of Department: **Yes** **No**

I supervised the applicant at (name of the hospital):

FRANZCO: **Yes** **No**

Dates of direct clinical supervision of the applicant (month/year to month/year):

Supervisor's email:

Supervisor's mobile:

Ophthalmic Work Experience

5.	I have recent experience (in the last 3 years) performing the following ophthalmic procedures at the date of application. Please specify the number of procedures, if applicable. Please provide your supervisor with a surgical logbook of all your cases including patient details.		
	retinal laser (including laser retinopexy, pan-retinal photocoagulation, focal macular laser):	# supervised	# unsupervised
	laser iridotomy:	# supervised	# unsupervised
	laser capsulotomy:	# supervised	# unsupervised
	intravitreal injections:	# supervised	# unsupervised
	lid surgery (laceration repair, chalazion, canthotomy):	# supervised	# unsupervised
	operating with ophthalmic microscope:	# supervised	# unsupervised
	Other, please specify (incl. numbers performed):	# supervised	# unsupervised
6.	I believe I am a Temporary Training Registrar <i>Points will only be allocated once the position is confirmed by the College. Please email selection@ranzco.edu if you have questions or concerns.</i>	Yes	No

Supervisor’s signature: to confirm they have witnessed all listed current ophthalmic work experience.

Date: