RANZCO The Royal Australian and New Zealand College of Ophthalmologists
THE LEADERS IN COLLABORATIVE EYE CARE

2027 Registration Form

For accredited ophthalmology training commencing in 2028

Before You Start:

- Registration is through the online form provided on the RANZCO website only.
- 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**.
- Please note that future experiences will not be counted in any category unless otherwise stated.
- Please familiarise yourself with the RANZCO Vocational Training Program Selection and Appointment Policy, Trainee Progression Policy, scoring criteria and selection timetable on the RANZCO website.

Submissions Due:

- Submissions close at 5**:00pm AEDT on TUESDAY 30 MARCH**. 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 22 March AEDT. Requests for support after this date may not be addressed before the form closes at 5:00pm AEDT on Tuesday 30 March.

Document Format:

- 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.
- **All evidence needs to be certified**. RANZCO is not following up. If evidence is not certified your application might be deemed not eligible to proceed or no points will be awarded.
- We request that you collate your evidence into **a single packet at each stage so that only one document, per stage, is uploaded**.
- Please note that different parts of your application will be reviewed by different markers, therefore you need to include evidence you rely on in each section. For example, you might have indicated that you had a regional rotation under work experience, but you will also need to include this under regional attributes if you want points to count for this section. Each application is assessed as it was submitted. No active follow up will take place in instances where the application is incorrect, or the evidence is absent.
- Please follow the **MBA** or **MCNZ** guidelines when certifying documents but **note that certification cannot be done by a family member.**
- Previously certified documents can be reused, except for time-sensitive documents such as registration or passport, or documents that have previously been certified by a family member.
- 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.

Referees:

- 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 and that **references will be requested during part of school holidays**. **Make sure to get private emails addresses if required.**

After You Submit:

- Following 30 March, RANZCO will confirm your completed form and payment have been received. If you do not receive confirmation by 2 April, please contact selection@ranzco.edu.
- RANZCO will additionally provide you with confirmation of the date, time, and details of your Asynchronous Video Interviews (AVI - also known as Multiple Mini Interviews).

If you have any questions or concerns, please email selection@ranzco.edu

In 2027, RANZCO may utilise AI to double grade aspects of the registration form. AI will not replace human grading and is being used to test the veracity of the AI tool's ability to provide accurate grading.

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 2027) 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 2028 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.
- No false or tampered documentation will be submitted
- 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 (Asynchronous Video 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 as per the RANZCO Data Access and Publication Policy. Data from the form can also be stored for finance reconciliation Aspects of the Registration Form may also be double graded by an AI.
- 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, excluding family members. In Australia, this group includes registered members of the following professions: Chiropractor, Dentist, Justices of the Peace, 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.

EXAMPLE ONLY

TAX INVOICE
REGISTRATION FOR SELECTION
VOCATIONAL TRAINING PROGRAM

Family name:

First name:

Other names:

Billing address:

METHODS OF PAYMENT

(The fee in 2027 is AUD $1,890, 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.

EXAMPLE ONLY

SECTION 1 – DEMOGRAPHICS
PART A:
PERSONAL INFORMATION

Title:

Family name:

First name: **Other names:**

Preferred name:

Name Change / Variation*: Yes/No

*If the name shown in the above details is not the same as the name shown on all attached documents, you must attach certified documentary evidence of your change of name. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes.

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:

Current address:

Email address:

Mobile number:

What do you consider your "homebase" (please name the town, city, or regional area):

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.

EXAMPLE ONLY

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 2027
- ☐ I am or expect to be a permanent resident or citizen of New Zealand by 1 April 2027
- ☐ I am or expect to be a dual permanent resident or citizen of Australia and New Zealand by 1 April 2027

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.

EXAMPLE ONLY

SECTION 1 – DEMOGRAPHICS continued
PART D:
INDIGENEITY AND ETHNICITY

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

☐ No ☐ Yes, Māori ☐ Yes, Pacific ☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander ☐ Yes, Aboriginal and Torres Strait Islander

2. If yes, please list any specific involvement with Māori, Pacific 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 signed by an eligible authority* that acknowledges that you are 1. of Aboriginal and/or Torres Strait Islander descent, and 2. identify as an Aboriginal and/or Torres Strait Islander person, and 3. are accepted as such by the Aboriginal and/or Torres Strait Islander community in which you live or have lived. If you don't have an appropriate pre-existing confirmation, please use the enclosed template.

*Universities cannot issue a confirmation.

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

EXAMPLE ONLY

SECTION 1 – DEMOGRAPHICS continued
PART E:
REGIONAL EXPOSURE

For Australia, regional areas are defined as the Modified Monash Model (MMM) levels 2-7.

For New Zealand regional areas are defined as any area outside of U1 by the Geographical Classification for Health.

Enter any other regional attributes or associations you think are relevant under Other regional exposure.

Detailed documentary evidence such as rental agreements, 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 (minimum of 12 months or more in any one area).

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.

Formative years
Formative years are defined as from the year commencing primary school to the end of secondary school (K-12).
If a candidate's primary residence is in a regional area, they are eligible for points regardless of whether they attend school locally or at boarding 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

Adult years
Points are only awarded for periods of 12 months and more residing outside an urban area (as defined above).
- Only enter periods of 12 or more months in a regional area (of continuous residence in one regional area).
- Do not enter outreach visits

Please note: To gain any points under Regional Exposure you must meet the threshold of a minimum of two and a half (2.5) points for any experience to count. **Please do not enter experience less than that.** The point allocation can be found on our Selection website.

Also, if you work in an urban area and live in a regional area you will need to verify (stat. declaration) that you reside in the regional address seven (7) days per week. In those circumstances the regional points will be assessed on a case-by-case basis.

Please enter each period separately. Please list entries in reverse chronological order. The system will automatically sort your entries into reverse chronological order when you leave this page.

Location (physical address) and name of school and/or university, or employment details (principal place of work)	Type (K-6 school, 7-12 school, Regional resident attending boarding school in an urban area, university/study, employment)	Start dd/mm/yyyy	End dd/mm/yyyy	MMM or NZ Profile of primary residential address	Primary residential address

EXAMPLE ONLY

Other regional exposure

If, in addition to the above entries you believe you have significant ties to a regional area, please provide details below. Please ensure you are not duplicating the periods listed prior. Outreach visits should not be entered. No points will be awarded for this section, but the information may be useful for the network selection process.

Location or region	Start dd/mm/yyyy	End dd/mm/yyyy	Details of why you believe you have a regional association/ tie to this location	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. For regional points, ideally you should provide a rental agreement, showing the time you lived in the area. 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.

EXAMPLE ONLY

SECTION 2 - EDUCATION
QUALIFICATIONS

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

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 additional qualifications in reverse chronological order with your final qualification first.

Please note: Only qualifications that lead to post-nominals attract points.

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

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.

EXAMPLE ONLY

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 2028.

Note the Statutory Declaration includes a declaration that when training commences in February 2028, 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 a 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 2028) first.

Total number of years since completing medical degree (to January 2028): _____

Total number of years of full-time equivalent supervised public hospital postgraduate medical experience since completing medical degree (to January 2028): _____
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.

Note: Offer of employment or Acceptance letter are NOT sufficient as evidence.
Please ensure evidence for each row is collated into a single file and then uploaded.

EXAMPLE ONLY

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 here to access the Ophthalmic Work Experience Form. Once you have completed your part it will automatically be sent to your supervisor(s). You will receive a report from each supervisor once the process is completed. Please compile reports into one document. No other format will be accepted.

Please upload the completed 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 ONLY

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 (CIA). 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.

EXAMPLE ONLY

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.**

Please do not double up on publications that were also presented. They can only account for points in one of the categories.

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.

EXAMPLE ONLY

Presentations

Please list presentations at a Regional, National or International Annual Scientific Meeting (or equivalent) **as 1st author only** in reverse chronological order. There must be a competitive selection process leading to the presentation. Space is provided for six presentations. If you have more than six 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 (Local, State/Branch, National, 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 the document of acceptance including applicant's name, title of presentation and which ASM or equivalent the presentation took place. For those accepted but not presented yet, an email from the conference organisers needs to be provided. This must be submitted with your online Registration Form. Points will not be awarded without evidence.

EXAMPLE ONLY

SECTION 5
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 provide the following referees for the last two (2) clinical years prior* to the closing date for this application:

- The names of up to five (5) primary supervising consultants** (up to a maximum of two (2) consultants per rotation) who had the greatest period of supervision over your surgical and/or clinical rotations.
- List **all** the supervising consultants** you have worked with clinically on average for at least two (2) times per week for 10 weeks or more in addition to the five (5) listed above. (If you have worked in a smaller hospital and are not able to supply extra consultant names this will be considered, and no candidate will be disadvantaged).
- The names of three (3) nurses and/or allied health professionals, of which one (1) must be a charge nurse and/or charge orthoptist who you have interacted or worked closely with.

Please note: If you have not worked in a clinical role in the last two years prior to application, the above time frame can be extended to a maximum of three (3) years.

Current RANZCO trainees and anyone who has been a trainee in the last 12 months are not eligible to be referees.

RANZCO will randomly select at its discretion three (3) supervising consultants (including primary and others) and two (2) nurses and/or allied health professionals from the referees named to be contacted as part of the selection process

Applicants must confirm that the nominated consultants, research supervisors, nurses and allied health professionals have agreed to act as a referee to provide written referee reports and be contacted by RANZCO.

RANZCO will email referees from 6 April 2027 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.

If you can't provide the requested number of referees, or request an extension, please provide an explanation below:

_____

_____

*extensions for applicants who were on parental leave or undertook a period of full-time study in those years prior to application.
** applicants undertaking research can provide their research supervisor(s).

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

EXAMPLE ONLY

SECTION 6
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 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 (including dual). Therefore, only those applicants should preference the New Zealand training network.

Please select the applicable training networks that you intend applying to, this is not binding. Please indicate your preference at this stage by entering 1-11 in the below box next to every network (1 being your highest preference to 11 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 may be 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.

Note: Successful applicants matched to the RETN will complete the 5-year Vocational Training Program in designated training posts, with the initial three years in a mix of regional/rural and metro locations, and the final two years of training based in a regional/rural location.

- ☐ New South Wales – Prince of Wales Hospital
- ☐ New South Wales – Sydney Eye Hospital
- ☐ New Zealand
- ☐ Regionally Enhanced Training Network - Western NSW Pathway (Hobart or Newcastle, Wagga Wagga, Sydney, Port Macquarie)
- ☐ Regionally Enhanced Training Network - Top End Pathway (Darwin, Bunbury, Perth, Broome)
- ☐ Regionally Enhanced Training Network - Victoria Pathway (Geelong, Albury & Wodonga, Melbourne, Ballarat/Bendigo or Shepparton)
- ☐ Regionally Enhanced Training Network – Northern NSW Pathway (Hobart or Newcastle, Wagga Wagga, Sydney, Tamworth)
- ☐ Queensland
- ☐ South Australia
- ☐ Victoria
- ☐ Western Australia

EXAMPLE ONLY

SECTION 7
PREVIOUS REGISTRATIONS

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

- ☐ 2017
- ☐ 2018
- ☐ 2019
- ☐ 2020
- ☐ 2021
- ☐ 2022
- ☐ 2023
- ☐ 2024
- ☐ 2025
- ☐ 2026

SECTION 8

ASYNCHRONOUS VIDEO INTERVIEWS

In 2027 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 Saturday 10 April 2027 at 11;00am AEST. Instructions are available on the Selection website