

# ASBP Trainee Registration Form

**Trainee Name:** .....

**Primary Training Location (address):** .....

**Additional Training Location/s (addresses):** .....

<b>Trainee's AHPRA No.</b>	
<b>Trainee's CPD Home</b>	

<b>Supervisors</b>	<b>Primary Supervisor</b>	<b>Co-Supervisor (required if primary supervisor is not FASBP)</b>
<b>Supervisor Full Name</b>		
<b>Supervisor Qualification (circle)</b>	<b>FASBP</b>   <b>BIG of RANZCR</b>   <b>BreastSurgANZ</b>	<b>FASBP</b>
<b>Practice Name</b>		
<b>Practice Location (Postal Address incl. State and Postcode)</b>		
<b>Email Address</b>		
<b>Preferred phone Number</b>		

## Trainee to read and sign

I hereby apply to enter the Training Program of the Australasian Society of Breast Physicians.

I ..... (full name):

<input type="radio"/>	have completed 3 years of relevant clinical experience following PGY2
<input type="radio"/>	have read the document <i>Standards for Training and Competence of Breast Physicians</i>
<input type="radio"/>	have provided the <i>Standards for Training and Competence of Breast Physicians</i> to my supervisor/s
<input type="radio"/>	agree to submit evidence of progress to the ASBP on a 6-monthly basis
<input type="radio"/>	agree to pay the Training registration fee of \$_____ (enter current rate)

I am / am not (please circle) applying for recognition of Prior Learning.

**Signed:** .....

**Date:**     /     /

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# ASBP Trainee Registration Form p2

**Primary Supervisor to read and sign:**

I..... hereby agree to be the Primary Supervisor

in Breast Medicine Training of..... (trainee name)

<input type="radio"/>	I am a current registered member of the <b>ASBP</b> / Breast Imaging Group of RANZCR / BreastSurgANZ
<input type="radio"/>	I have read the document <i>Standards for Training and Competence of Breast Physicians</i>
<input type="radio"/>	I agree to spend a <i>minimum</i> 1 hour/ week in one-to-one supervision of my trainee
<input type="radio"/>	I agree to perform approximately monthly Workplace-Based Assessment of my trainee as outlined in the ASBP Standards
<input type="radio"/>	I agree to review the list of required competencies with my trainee once every 6 months to facilitate their progress
<input type="radio"/>	I agree that either I or the Co-Supervisor will participate in 6-monthly meetings of a dedicated ASBP Supervisor-Peer Review Group* for the purposes of monitoring the progress of my own and other current ASBP trainees.

**Signed:**

**Date:**     /     /

**Co-Supervisor to read and sign: (If primary supervisor is *not* a Fellow of the ASBP)**

I..... hereby agree to be the Co- Supervisor

in Breast Medicine Training of ..... (trainee name)

<input type="radio"/>	I am a current registered member of the ASBP
<input type="radio"/>	I have read the document <i>Standards for Training and Competence of Breast Physicians</i>
<input type="radio"/>	I agree to arrange regular one-to-one sessions with my trainee either virtually or in person
<input type="radio"/>	I agree to review the list of required BP competencies with my trainee once every 6 months to facilitate their progress
<input type="radio"/>	I agree that either I or the Primary Supervisor will participate in 6-monthly meetings of a dedicated ASBP Supervisor-Peer Review Group* for the purposes of monitoring the progress of my own and other current ASBP trainees.

**Signed:**

**Date:**     /     /

**Supervisor-Peer Review Group\***

Each Supervisor-Peer Review Group is made up of the supervisors of up to 5 trainees, plus the Chair of the Education Committee and one other ASBP Board member. Each group will meet twice per year.

In the case of a trainee with two supervisors, the FASBP supervisor should attend the meetings, however the primary supervisor is also welcome to attend.

The purpose of the Supervisor-Peer Review Group is to:

- Monitor trainees' progress
- Provide peer support for Supervisors
- Feed back to the ASBP Board any suggested modifications to the Breast Physician training program and/ or assessment.

<p><i>Office use only</i>          Form accepted <input type="radio"/> Sig:.....          Date:.....</p>
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