



Application for Registrar Training Position

Personal Details

Surname: ----- First Name: -----
 Address: -----
 ----- Post Code: -----
 Home Phone: ----- Mobile Phone: -----
 Work Phone: ----- Email: -----

Speciality

Speciality e.g. Anaesthesia -----
 Exams e.g. Part I, Part II -----

Which Term and How Long

January 2012/2013/3014 April 2012/2013/2014 July 2012/2013/2014 October 2012/2013/2014
 6 Months (Minimum) 9 Months 12 Months Longer

Note: Applications must be for a minimum of six (6) months and we would welcome your application for a longer term; however, college guidelines stipulate that only six (6) months can be accredited as a training position.

Our Employment Criteria

- Primary examination in anaesthesia, emergency medicine or ICU
- Completion of EMST or equivalent
- Physical fitness
- Ability to work at heights and in water
- Ability to safely adapt clinical practice
- Extensive experience in the management of critically ill patients including trauma
- Superior verbal and written communication skills
- Current passport
- Local medical registration
- Desirable: completion of APLS/ATLS or MIMMS
- Desirable: research interest, good computer and administrative skills

Name of Referees

Name: ----- Email: ----- Phone: -----
 Name: ----- Email: ----- Phone: -----
 Name: ----- Email: ----- Phone: -----

Have you Enclosed

Curriculum Vitae Medical Registration

Have you Completed

EMST ATLS Date Completed: -----

Signed: ----- Date: -----

Please mail/email this form to: Jude Pettitt, Medical & HR Manager
 CareFlight, PO Box 159, Westmead NSW 2145 Australia / jude.pettitt@careflight.org