



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 April July October
 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, Clinical & HR Manager
NRMA CareFlight, PO Box 159, Westmead, NSW Australia / judep@careflight.org