



EXTERNSHIP PROPOSAL

Please complete this proposal form and submit to the Training and Credentials Committee for approval **before** undertaking your externship training to examinations@anzcvs.org.au.

Name of proposed supervisor:

Qualifications of proposed supervisor:

Name and address of proposed externship training institution:

To: The Training and Credentials Committee

Re: Externship Supervision

I agree to act as an externship supervisor for primary discipline training for:

Name of Fellowship candidate:

Fellowship subject of candidate:

Name and address of primary training institution:

Anticipated dates and times*	Additional information

*attending five days per week for at least 38-40 hours per week as specified in the subject guidelines
If it is not possible to complete a 5-day week, the candidate must supply a description of the weekly activities (similar to what is required in the TPDs) and a description of the number of days/hours planned for assessment. Where there is team of specialists in the discipline, a secondary supervisor may be nominated to provide continuous training.

I hereby attest that the candidate will train full time (attending five days for at least 38-40 hours per week as specified in the subject guidelines) under my direct supervision and maintain an appropriately formatted activity log of cases seen on externship.

I currently work at least 25 hours per week practicing in the candidate’s primary specialist discipline and the candidate will have access to me at least 25 hours per week whilst training.

Signed:
Supervisor of Externship

Date: