**COVER PAGE for TRAINING PROGRAM DOCUMENT**

Complete Training Program Document and email to Examinations Team: [examinations@anzcvs.org.au](mailto:examinations@anzcvs.org.au)

I submit this Training Program Document for Fellowship of the Australian and New Zealand College of Veterinary Scientists.

|  |  |
| --- | --- |
| **Candidate Name:** |  |

|  |  |
| --- | --- |
| **Fellowship Subject:** |  |

|  |  |
| --- | --- |
| **Address:** |  |

|  |  |
| --- | --- |
| **Email:** |  |

|  |  |
| --- | --- |
| **Phone:** |  |

|  |  |
| --- | --- |
| **Part 1 Fellowship**  **Fee Payment:** | $1,000.00 |

**Payment Methods:**

# **Bank Transfer**

Bank Name: Westpac Banking Corporation

BSB: 034093

Account No.: 219081

SWIFT No.: WPACAU2S (for overseas transfers only)

For Payment Reference, please use your full name and subject

# **Card Payments**

Please call the ANZCVS College Office on (+61) 7 3423 2016 to arrange payment using Mastercard/Visa. American Express not accepted.

Please note: Card payments incur 1.5% card processing fee.

|  |  |
| --- | --- |
| **Signature:** |  |

Digital signature accepted

|  |  |
| --- | --- |
| **Date:** |  |

**INDEX CHECKLIST**

**Please ensure all items are included in your document:**

|  |
| --- |
| 1. **Cover Page** for Training Program Document (TPD) stating type of training program for your duration of residency |
| 1. There are three types of training programs. *Refer to the Fellowship Candidate Handbook, Section 2.3* for full details on the Types of Training Programs |
| 1. **Program Overview** |
| 1. **Summary of Important events/dates** |
| 1. **Objectives** |
| 1. **Facilities**  * Letter from Principal of centre giving permission to Fellowship Candidate to use facility during Training Program (digital signatures accepted) |
| 1. **Cases/Activities** |
| 1. **Description** |
| 1. **Weekly Activities Table** |
| 1. **Week-by-Week Timetable** |
| 1. **Supplementary Training**  * Letter from all Supplementary Training Supervisors participating in the training, agreeing to their role as supervisors; or statement of commitment to complete the necessary supplementary training as required from your relevant Subject Guidelines |
| 1. **Supervisors**  * Letter from each of Primary and Secondary Supervisor(s) participating in the training, each agreeing to their role as a supervisor and annual meetings to evaluate the progress of the candidate (digital signatures accepted) |
| 1. **Activity Log** (if applicable to your subject, *see relevant Subject Guidelines* for more information) |
| 1. **Cumulative Activity Log Summary** |
| 1. **Additional chapter specific requirements** (e.g. Surgical teaching requirement Report Template, Emergency Service Proposal Template, if applicable to your subject see relevant Subject Guidelines for more information). |
| 1. **Curriculum Vitae** |

**PROGRAM OVERVIEW**

**Please enter all relevant information below and remove/edit as needed for your individual ANZCVS Fellowship training program.**

The residency program in \_\_\_\_\_\_\_\_ is a *full-time/part-time* training program being undertaken at \_\_\_\_\_\_\_\_ **.**

The Primary Supervisor for this program is \_\_\_\_\_\_\_\_, the Secondary Supervisor(s) is/are \_\_\_\_\_\_\_\_ and the auxiliary supervisor(s) is/are \_\_\_\_\_\_\_\_. The program commenced on \_\_\_\_\_\_\_\_ and will conclude on \_\_\_\_\_\_\_\_. This program will include a minimum of \_\_\_\_\_\_\_\_ weeks of directly supervised training of at least \_\_\_\_\_\_\_\_ hours per week to satisfy the Australian and New Zealand College of Veterinary Scientists (ANZCVS) and \_\_\_\_\_\_\_\_ chapter subject guidelines requirements.

Throughout the program, the resident will participate in Training Related Discipline (TRD) rotations in \_\_\_\_\_\_\_\_under supervision of a registered specialist of that discipline. An externship of four weeks duration / A minimum of two externships in\_\_\_\_\_\_\_\_ (of two weeks duration) will be undertaken at external facilities. *Add immersive requirement if applicable* \_\_\_\_\_\_\_\_.

The candidate will undertake original research and will submit two first author publications in peer reviewed journals. One oral presentation will be presented at a national or international conference. Both the publications and presentation topics will relate to \_\_\_\_\_\_\_\_. The primary publication will be of an original research project for which the candidate has had primary responsibility. The candidate will attend daily hospital rounds, journal club and clinical rounds.

*——If applicable add in any further requirements outlined in the subject guidelines such as species requirement, presentation/teaching requirements, provision of emergency service etc. ————*

It is anticipated this program will satisfy the criteria with respect to breadth and depth of clinical and academic experience required to achieve the necessary standards for submission of the credential document for Fellowship of the ANZCVS.

**SUMMARY OF EVENTS**

|  |  |
| --- | --- |
| **Summary of Important Events** | **Date** |
| Program commencement date |  |
| Anticipated date to sit Membership Examination *(if not already completed)*  *Include membership subject:* |  |
| First year annual supervisor meeting + submission of *Fellowship Annual Supervisor Report* and *Fellowship Annual Candidate Report (deadline 31st July)* |  |
| Second year annual supervisor meeting + submission of *Fellowship Annual Supervisor Report* and *Fellowship Annual Candidate Report (deadline 31st July)* |  |
| Third year annual supervisor meeting + submission of *Fellowship Annual Supervisor Report* and *Fellowship Annual Candidate Report (deadline 31st July)* |  |
| Anticipated program completion date |  |
| Email College of intention to sit Fellowship Examination *(deadline 30th June of year before examination year)* |  |
| Credential submission *(deadline 31st October in year preceding the exam)* |  |
| Fellowship Examination year |  |

**OBJECTIVES**

I acknowledge that the main objective of the training program is to demonstrate that the candidate has attained sufficient knowledge, training experience and accomplishment to meet criteria of the Australian and New Zealand College of Veterinary Scientists as a pre-requisite for sitting Fellowship examinations in (Subject) \_\_\_\_\_\_\_\_ and subsequently register as a specialist in this field. This will be achieved by reference to the objectives as outlined in the \_\_\_\_\_\_\_\_ subject guidelines.

|  |
| --- |
|  |
| Candidate Signature |

**FACILITIES**

**A description of the primary training facility involved in the training program (excluding venues for externships and training in related disciplines) must include the following information or documents:**

1. Available equipment (including make and model) relevant to the discipline. If training is to occur across two or more facilities (including emergency centres for Independent Practice in VEMCC), the equipment at each site must be included. This does not include sites where occasional visits/work take place.
2. Physical plant and buildings relevant to the discipline (a hospital floor plan can be included).
3. List of all professional staff (including residents, interns, staff veterinarians) that will interact with the Candidate including the position and qualifications of those staff (please list in order of department).
4. A letter from the Principal of the centre providing the training facility, giving permission for use of the facility during the Training Program.
5. Traditional and/or electronic library facilities:

*I confirm that I have access to traditional and/or electronic library facilities which include all the required core textbooks and journals as outlined in the* (Subject) \_\_\_\_\_\_\_\_ *subject guidelines. (initial here: )*

**CASES / ACTIVITIES**

**For clinical disciplines, a description of case material relevant to the discipline based on historical data including:**

1. Number of cases (annual accessions) at the training site.
2. Breadth of cases (for example, a breakdown by organ system or species as required by the relevant subject guidelines).
3. Proportion of cases which are referred. For non-clinical disciplines, a description of the number and range of activities related to the discipline which are being undertaken and/or have recently been undertaken by the staff working in the facility.

**DESCRIPTION**

**A description of all aspects of the Training Program under the following categories:**

|  |  |
| --- | --- |
| 1. Clinical (clinical disciplines) or technical (non-clinical disciplines) activity. | |
| 1. Research activity (including the proposed allocation of time for research and when this will occur during the training). | |
|  |  |

|  |  |
| --- | --- |
| **I acknowledge and commit to:** (*check each box* *)* | |
|  | the requirements for training in my subject (including the program length) |
|  | undertake a minimum of one research project (with appropriate ethics approval) or to participate in a research activity during the training program, and publish a first-author scientific paper in peer-reviewed literature from this research. |
|  | the requirements regarding conference attendance and conference presentations (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | the publication requirements *(with reference to the Fellowship Candidate Handbook and Subject Guidelines).* |
|  | the requirements for submission of annual supervisor report forms prior to 31st July. |
|  | the requirement to keep a cumulative activity log summary and activity log if applicable as per the Subject Guidelines. |
|  | active participation in rounds, seminars, and journal club meetings which will be attended by the supervisors, as well as other staff (including specialists, residents and interns). |
|  | the externship requirements. |
|  | the requirements for training in related disciplines (TRD). |
|  | any other requirements of the Fellowship training program as outlined in the Fellowship Subject guidelines (please specify)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**WEEKLY ACTIVITIES TABLE**

**A table of a typical week, broken down into days, with an indication of activities taking place during the week. Please indicate which activities are conducted with your Supervisor present and working with you (please also indicate whether this is the primary or secondary supervisor).**

**Weekly Activities Table** *(modify as required, please include lunch break)*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **7:00** |  |  |  |  |  |  |  |
| **8:00** |  |  |  |  |  |  |  |
| **9:00** |  |  |  |  |  |  |  |
| **10:00** |  |  |  |  |  |  |  |
| **11:00** |  |  |  |  |  |  |  |
| **12:00** |  |  |  |  |  |  |  |
| **1:00** |  |  |  |  |  |  |  |
| **2:00** |  |  |  |  |  |  |  |
| **3:00** |  |  |  |  |  |  |  |
| **4:00** |  |  |  |  |  |  |  |
| **5.:00** |  |  |  |  |  |  |  |
| **6:00** |  |  |  |  |  |  |  |

***Add any relevant explanations here*** *(e.g. provision of out of hours service):*

**WEEK-BY-WEEK TIMETABLE**

**A complete cumulative week by week chronological description of the training program scheduled by week, including:**

1. Cumulative enumeration of weeks of training, with specification of whether or not each week’s training is directly or indirectly supervised, and by whom. The required minimum number of weeks of training must be shown. Annual leave must not be included in the weeks of training.
2. Anticipated date of beginning training and the weeks allocated to training, annual leave, annual supervisor meetings, Externship/Immersive Training, Training in Related Discipline (TRD), research and conferences.
3. Anticipated date of completion of training, anticipated year of intention to sit (by 30th June year preceding exam), anticipated credential date (by 31st October year preceding the exam) and examination year.
4. Anticipated date of yearly meeting with the Primary and Secondary Supervisors to evaluate progress of the Candidate and subsequent submission of Fellowship Annual Supervisor Report (ASR), 31st July annually. It is recommended that the meeting is scheduled within a few weeks of the required submission date.

***NOTE: Example timetable shown below*** *(blank template follows - Candidate to complete as appropriate for their fellowship subject)*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week Beginning** | **Program Content** | **Training Type** | **Supervisor** | **Weeks DST**  **(Cumulative)** |
| 5/06/2023 | Surgery (Clinical Training) | DST | JK | 1 |
| 12/06/2023 | Surgery (Clinical Training) | DST | JK | 2 |
| 19/06/2023 | Surgery (Clinical Training) | DST | JK | 3 |
| **31/07/2023** | **DEADLINE TO SUBMIT ASR TO COLLEGE** | | | |
| 7/08/2023 | Surgery (Clinical Training) | DST | JK | 4 |
| 14/08/2023 | Surgery (Clinical Training) | DST | JK | 5 |
| 14/08/2023 | Annual Supervisor Meeting |  |  |  |
| 21/08/2023 | Surgery (Clinical Training) | DST | JK | 6 |
| 28/08/2023 | Surgery (Clinical Training) | DST | JK | 7 |
| 4/09/2023 | *(Name of Conference)* Conference leave\* | DST\* |  | 8\* |
| 11/09/2023 | Surgery (Clinical Training) | DST | JK | 9 |
| *18/09/2023*  *to*  *17/12/2023* | *Surgery (Clinical Training) Continued…*  *(Note: Each week to have its own row/line)* | *Continued…* | *Continued…* | *10 - 28* |
| 18/12/2023  SAMPLE | Christmas Holiday | Annual Leave | Annual Leave | N/A |
| 25/12/2023 | Christmas Holiday | Annual Leave | Annual Leave | N/A |
| 1/01/2024 | Christmas Holiday | Annual Leave | Annual Leave | N/A |
| 8/01/2024 | Externship - *(location)* | EXT (DST) | PO | 29 |
| 15/01/2024 | Externship - *(location)* | EXT (DST) | PO | 30 |
| 22/01/2024 | Externship - *(location)* | EXT (DST) | PO | 31 |
| 29/01/2024 | Externship - *(location)* | EXT (DST) | PO | 32 |
| *05/02/2024*  *to*  *02/06/2024* | *Surgery (Clinical Training) Continued…*  *(Note: Each week to have its own row/line)* | *Continued…* | *Continued…* | *33 - 49* |
| 3/06/2024 | Annual Leave | Annual Leave | Annual Leave | N/A |
| 10/06/2024 | Study / Research |  |  | 50 |
| 17/06/2024 | Study / Research |  |  | 51 |
| 24/06/2024 | Training in Related Discipline – Diagnostic Imaging | TRD (DST) | LA | 52 |
| 1/07/2024 | Training in Related Discipline – Diagnostic Imaging | TRD (DST) | LA | 53 |
| *Continued…* | *Continued…*  *(Note: Each week to have its own row/line)* | *Continued…* | *Continued…* | *Continued…* |
| 13/04/2026 | Surgery (Clinical Training) | DST | JK | 146 |
| 20/04/2026 | Surgery (Clinical Training)- FINAL WEEK OF DST (advise College) | DST | JK | 147 |
| **30/06/2026** | **DEADLINE FOR SUBMISSION OF INTENTION TO SIT 2027 EXAMINATIONS** | | | |
| **31/10/2026** | **DEADLINE FOR SUBMISSION OF CREDENTIAL DOCUMENT** | | | |

**\***These activities are recognised as directly supervised training in the Candidate’s primary discipline only if the Candidate attends full-time, and the program is directly relevant to and covers clinical and technical aspects of the Candidate’s discipline. Candidates should consult the Subject Guidelines for any conference attendance/speaking requirements.

**WEEK-BY-WEEK TIMETABLE**

| **Week Beginning** | **Program Content** | **Training Type** | **Supervisor** | **Weeks DST**  **(Cumulative)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**\***These activities are recognised as directly supervised training in the Candidate’s primary discipline only if the Candidate attends full-time, and the program is directly relevant to and covers clinical and technical aspects of the Candidate’s discipline. Candidates should consult the Subject Guidelines for any conference attendance/speaking requirements.

**SUPPLEMENTARY TRAINING**

**Where arrangements for Supplementary Training have not been finalised when the training program document is submitted, a clear statement to this effect and a commitment to provide the information when it is available will be sufficient. Externship/Immersive and Training in Related Discipline (TRD) proposals MUST be received by the College prior to the supplementary training starting.**

***Externships*** *(and* ***Immersive Training****, if relevant to discipline):*

1. Detail all proposed externships (Section 2.4.1) including names and qualifications of supervisors and externship location (if known, otherwise write TBC).
2. Include an Externship Proposal from the Externship Supervisor ([see College website for template](https://www.anzcvs.org.au/anzcvs-dev-media/46487/20240716-externship-proposal.pdf)) agreeing to their role as an Externship Supervisor (Note that a maximum of two supervisors can be nominated).

|  |  |  |  |
| --- | --- | --- | --- |
| **Duration** | **Discipline** | **Facility Location** | **Supervisor**  (including qualifications) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Training in Related Disciplines****:*

1. *Detail all proposed TRDs (Section 2.4.2) including names and qualifications of supervisors and training location (if known, otherwise write TBC).*
2. *Include all TRD Proposals* [*(see College website for template*](https://www.anzcvs.org.au/anzcvs-dev-media/46483/20240311-training-in-related-disciplines-trd-proposal.pdf)*) from TRD Supervisors agreeing to their role as TRD Supervisors.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Duration** | **Discipline** | **Facility Location** | **Supervisor**  (including qualifications) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

### ***Statement confirming commitment to providing Supplementary Training arrangements:***

At the time of submission, specific details relating to supplementary training including externships and training in related disciplines have not been confirmed. However, I am committed to providing the relevant information and confirmation as soon as possible. *(initial here: )*

**SUPERVISION**

1. **The name and qualifications of the Primary Supervisor who will be responsible for the training of the Candidate**

|  |  |
| --- | --- |
| **Primary Supervisor Name:** |  |
| **Qualifications:** |  |

1. **Description of nature and time of supervision**

My *Primary* *Supervisor* practices at least xx hours per week at \_\_\_\_\_\_\_\_ (facility name)

My *Secondary Supervisor* practices at least \_\_\_\_\_\_\_\_ hours per week at \_\_\_\_\_\_\_\_ (facility name). In the absence of my primary supervisor \_\_\_\_\_\_\_\_ has agreed to adopt the role of the primary supervisor. Auxiliary supervisor(s) will include \_\_\_\_\_\_\_\_ (please indicate number of hours worked per week) when primary or secondary supervisors are unavailable.

Please provide further information if applicable:

|  |
| --- |
|  |

1. **Letter from Primary Supervisor**

*See Appendix*

1. **Letter from Secondary Supervisor(s)/Alternative Arrangements**

*See Appendix*

**SUPERVISORS** (digital signatures accepted)

**Letter from Primary Training Supervisor**

Dear Training and Credentials Committee,

|  |  |
| --- | --- |
| Candidate’s Name: |  |
| Subject Name: |  |
| Training Commencement Date: |  |
| Primary Supervisor Name & Qualifications: |  |
| Primary Supervisor Title or Role Descriptor: |  |
| Primary Supervisor Email Address: |  |
| Training Facility Name: |  |
| Training Facility Address: |  |

This letter is to certify that I have agreed to the role of Primary Supervisor for the above-mentioned Candidate for the Fellowship Training Program in the above subject, commencing on the above date.

The above-mentioned Candidate will:

* be active in training for at least \_\_\_\_\_\_\_\_ hours per week, and
* interact directly with me for approximately \_\_\_\_\_\_\_\_\_hours per week.

I agree to take overall responsibility of the Candidate’s training and mentorship as required, including times when the Secondary Supervisor is providing the required 25 to 38 hours per week of directly supervised training for periods of more than one week in my absence.

I am also the Primary Supervisor for [*insert number (no more than 1 other)*] \_\_\_\_\_\_\_ other Candidate and the Secondary Supervisor for [*insert number (up to 4)*] \_\_\_\_\_\_\_ Candidates in any training program. I am Supervisor for [*insert number*] \_\_\_\_\_\_ European college and /or American college candidate/s and/or [*insert number*] \_\_\_\_\_\_ of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned Candidate’s Training Program.

Yours sincerely,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Primary Supervisor’s Signature**: |  |  | **Date**: |  |

**This section to be signed and dated by both the Primary Supervisor and the Candidate**

**AGREEMENT**:

This is an agreement between the Candidate and the Primary Supervisor that a meeting will be held annually to evaluate the Candidate’s progress. The meeting will include the Primary and Secondary Supervisors as well as the Candidate and will lead to production of a written Annual Supervisor Report for the Candidate. The report will be completed and submitted to the College prior to 31st July each year throughout the Candidate’s Training Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Candidate’s Signature**: |  |  | **Date**: |  |
| **Primary Supervisor’s Signature**: |  |  | **Date**: |  |

**SUPERVISORS** (digital signatures accepted)

**Letter from Secondary Training Supervisor**

Dear Training and Credentials Committee,

|  |  |
| --- | --- |
| Candidate’s Name: |  |
| Subject Name: |  |
| Training Commencement Date: |  |
| Secondary Supervisor Name & Qualifications: |  |
| Secondary Supervisor Title or Role Descriptor: |  |
| Secondary Supervisor Email Address: |  |
| Training Facility Name: |  |
| Training Facility Address: |  |

This letter is to certify that I have agreed to the role of Secondary Supervisor for the above-mentioned Candidate for the Fellowship Training Program in the above subject, commencing on the above date.

In this role, I will support the Primary Supervisor in guidance and training of the Candidate as agreed and as specified in the Fellowship Candidate Handbook, including the following: The above-mentioned Candidate will:

* be active and in training for at least \_\_\_\_\_\_\_\_ hours per week, and
* interact directly with me for approximately \_\_\_\_\_\_\_\_\_ hours per week.

If the Primary Supervisor is absent for periods of more than one week, the above-mentioned Candidate will:

* be active in training for at least \_\_\_\_\_\_\_\_hours per week, and
* interact directly with me for approximately \_\_\_\_\_\_\_\_\_ hours per week.

I am also the Primary Supervisor for *insert number* [*(no more than 2)*] \_\_\_\_\_\_\_ other Candidate and the Secondary Supervisor for [*insert number (up to 3)*] \_\_\_\_\_\_\_ Candidates in any training program.  I am Supervisor for [*insert number*] \_\_\_\_\_\_ European college and /or American college candidate/s and/or [*insert number*] \_\_\_\_\_\_ of other clinical training positions (please specify the nature of any such positions) during the course of the above-mentioned Candidate’s Training Program.

Yours sincerely,

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Secondary Supervisor’s Signature**: |  |  | **Date**: |  |

**This section to be signed and dated by both the Secondary Supervisor and the Candidate**

**AGREEMENT:**

This is an agreement between the Candidate and the Secondary Supervisor that a meeting will be held annually to evaluate the Candidate’s progress. The meeting will include both the Primary and Secondary Supervisors as well as the Candidate and will lead to production of a written Annual Supervisor Report for the Candidate. The report will be completed and submitted to the College prior to 31st July each year throughout the Candidate’s Training Program.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Candidate’s Signature**: |  |  | **Date**: |  |
| **Secondary Supervisor’s Signature**: |  |  | **Date**: |  |

**ACTIVITY LOG**

**This is only applicable for: Animal Welfare, Avian Medicine and Surgery, Equine Surgery, Feline Medicine and Veterinary Anaesthesia & Analgesia.**

**Please indicate if Applicable/Not Applicable in the check box**  **below**:

|  |  |
| --- | --- |
|  | Applicable - *See Subject Guidelines for specific Activity Log information and required statements.* |
|  | Not Applicable |

**CUMULATIVE ACTIVITY LOG SUMMARY**

*For Subjects requiring specific Activity Log Summary, refer to the link to the right of your relevant* [*Subject Guidelines*](https://www.anzcvs.org.au/fellowship/subject-guidelines-fellowship/) *on the College website.*

**CURRICULUM VITAE**