

VERIFICATION OF APPROVED TRAINING PLACEMENT - SPECIALIST TRAINEES

IMPORTANT INFORMATION REGARDING ACCESS TO MEDICARE BENEFITS AS A SPECIALIST TRAINEE

- This is an application for access to Other Non-Referred Attendances to which No Other Item Applies Medicare Benefits Schedule Items (Group A2) during the period you are in the approved Specialist Trainee placement nominated in this form. You must apply separately to the Commission for a Provider Number for this placement.
- The Specialist Trainee form must be fully completed by the Trainee, the Trainee's supervisor/mentor and the College CEO before being forwarded to the Commission.
- The Commission can only provide access to Medicare benefits from, or after the date the Specialist Trainee Form is received by the Commission. In other words, **the Commission cannot backdate approval.**
- Your recognition as a college trainee with access to Medicare benefits is limited to attendances provided at the approved practice for the time period specified on this form.
- A separate form must be completed for each additional training practice location/address at which you require access to Medicare benefits.
- It is your responsibility to ensure that a new application form is completed each time you:
 1. move to a new approved location
 2. remain in the nominated location for longer than specified in this form
 3. return to the nominated practice for a further period.
- You and your supervisor/mentor are advised to keep a record of the period you have been approved to access Medicare benefits at the placement so that renewal steps can be taken before the expiry date, if required.

Declaration by Trainee

I have read and understood the information above regarding my responsibilities relating to my access to relevant Medicare Benefits Schedule Items. I understand that my use of the Medicare Benefits Schedule Items is limited to services provided at the approved training practice nominated in this application.

I will notify the Health Insurance Commission (the Commission) if my training attachment at the approved training practice nominated in this application ceases before the advised date. I authorise the College to provide confirmation of the information I have provided the Commission and understand that the College will notify the Commission if I withdraw from the Training Program.

Trainee's Signature

Date

	/ /
--	-----

Please **PRINT** all responses

TRAINEE DETAILS		APPROVED PLACEMENT	
Trainee Surname <input type="text"/>		Attention: Please take note of these dates. It is the responsibility of the trainees to submit new forms should their placements be extended.	
Trainee First Name <input type="text"/>		Date From <input type="text"/>	Date To <input type="text"/>
Trainee Other Names <input type="text"/>		Street Address of Training Practice <input type="text"/>	
Trainee Mailing Address <input type="text"/>		<input type="text"/>	
<input type="text"/>		<input type="text"/>	
<input type="text"/>		State <input type="text"/> Postcode <input type="text"/>	
State <input type="text"/> Postcode <input type="text"/>		Telephone Number <input type="text"/>	Facsimile Number <input type="text"/>
Trainee Previous Provider Number (if any) <input type="text"/>		Full time <input type="checkbox"/>	Number of Sessions Per Week <input type="text"/>
		Part time <input type="checkbox"/>	<input type="text"/>
APPROVED TRAINING PLACEMENT DETAILS		SUPERVISOR/MENTOR DETAILS	
Private Hospital Placement <input type="checkbox"/>		Supervisor/Mentor Name <input type="text"/>	
Community Placement <input type="checkbox"/>		Supervisor/Mentor Signature & Date <input type="text"/>	
		Supervisor/Mentor Provider Number <input type="text"/>	

This section to be completed by the Chief Executive Officer of the College responsible for the training program.

Name of College

Name of Training Program

Surname	FirstName	Other Names
<input type="text"/>		

On the advice of the Chairperson of the Committee responsible for the training program I certify that:

- the applicant is an enrolled trainee in the College Training Program and that the details regarding the applicant's approved training placement in this application are accurate
- the placement is part of the structured training program of the College and provides experience not available in a public hospital
- the placement is an accredited 'advanced' training placement, or a training placement approved by the Department of Health & Ageing, that fully counts towards training time and other formal requirements
- appropriate supervision will be provided

Signature <input type="text"/>	Date <input type="text"/>
-----------------------------------	------------------------------

Chief Executive Officer

College Stamp