

Training Application Form

To apply for the ACP training course please complete the form and email to acp@phlebology.com.au with the following documentation:

- Current CV.
- Copy of current registration as a medical practitioner in Australia or New Zealand.
- Letter outlining your interest in the area, current knowledge level of phlebology and what you hope to achieve by completing the training course.
- A medicare provider number is necessary to continue on to advanced training.

Applicant Details			
Name of Applicant			
Email			
Mobile			
Medical Registration Number			
Medicare Provider Number			
Address Line 1			
State		Postcode	

Tick Preferred Interview Method

Facetime

Whatsapp

Zoom

Training Details	
Training Course Applying For	
Year to Commence Training	
Full-time or Part-time Training	
State you wish to apply for*	

*Or supervisor if this has been pre-arranged

Do you meet the pre-requisites outlined in the training handbook? YES (If not, you will not be eligible to apply)

An application fee of \$220.00 applies to all training applications. This application fee is NOT deducted from the training and examination fees and is not-refundable. Trainees will also have to register as trainee members of the college which incurs a fee of \$945.00 for the first year, each additional year also incurs a fee depending on which level of training you have reached.

PLEASE NOTE

- Once applications close you will be requested for a video interview.
- Positions are subject to availability in each state.
- Submitting an application does not guarantee a training position.
- If you are unsuccessful you will be required to apply again for the following year.
- Once all applications have been considered you will be notified of the outcome of your application.

Training Course	Yearly Fee (full-time)	Quarterly Fee (full-time)	Yearly Fee (part-time)	Quarterly Fee (part-time)
Basic Training	\$5500.00	\$1375.00	\$2750.00	\$687.50
Advanced Training	\$7700.00	\$1925.00	\$3850.00	\$962.50
Phlebology Fellowship	\$7700.00	\$1925.00	\$3850.00	\$962.50

PAYMENT DETAILS

Please note amex is not accepted for training fees.

Card Number:

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Expiry Date:

CVV:

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Name on Card	
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Card Holder Signature	
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DECLARATION

Have you had any disciplinary actions in the past or pending from any medical regulatory body such as AHPRA or HDC. If so, please provide details below.

YES NO

I hereby authorise The Australasian College of Phlebology to direct debit my credit card for the non-refundable application fee of \$220.00

Once accepted into the training program I agree to have training fee installments deducted from my nominated credit card quarterly.

Signature	
Date	