

ACCSM COSMETIC SURGERY TRAINING PROGRAM

Application for Practice Accreditation

This application form is for sites seeking accreditation for ACCSM Cosmetic Surgery Training.

Preceptors must read the [ACCSM Accreditation Policy](#) to understand the accreditation process and procedures for seeking practice accreditation with the college.

ACCSM Accreditation

- a) Training practices must have an approved ACCSM Preceptor
- b) Training is to be undertaken in practices with current relevant Australian or New Zealand facility accreditation.
- c) Each practice ensures that the curriculum learning outcomes experiences as aligned to that rotation, are understood, and adhered to.
- d) The practice Preceptor understands all ACCSM training program policies, procedures and guidelines as published in the Training Program handbook.

1. Preceptor Information

Preceptor

First name

Last name

Date Preceptor status granted

Mobile number

Email address

2. Training Practice

Training Practice information (please include details of all clinics, and theatres trainees will go during training at this practice, if applicable)

Practice Name.

Address

Number of hours per week trainee will spend at that location*.

NHQSH Accreditation Status

Practice Name

Address

Number of hours per week trainee will spend at that location*

NHQSH Accreditation Status

Practice Name

Address

Number of hours per week trainee will spend at that location*

NHQSH Accreditation Status

*date of last hospital accreditation & accredited period. Please submit copy of last accreditation report with this application

3. Additional Supervisors/Key Staff

Site Supervisors/Key Staff information

Practice Name

Supervisors/Key staff that the trainee will be working with:

1.

2.

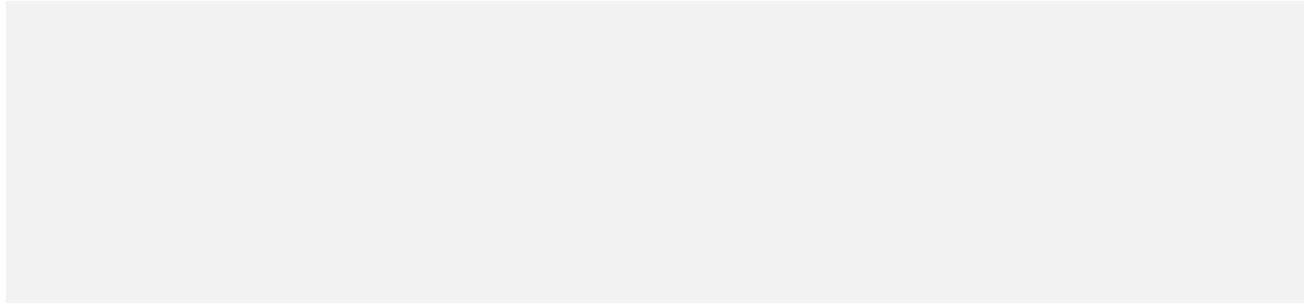
3.

4.

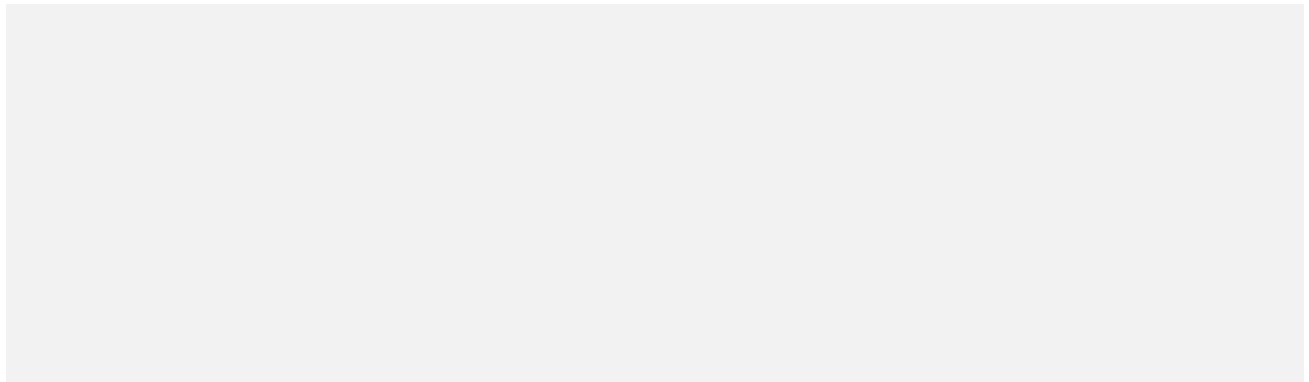
4. Experience and learning outcomes.

Training Rotation Experience

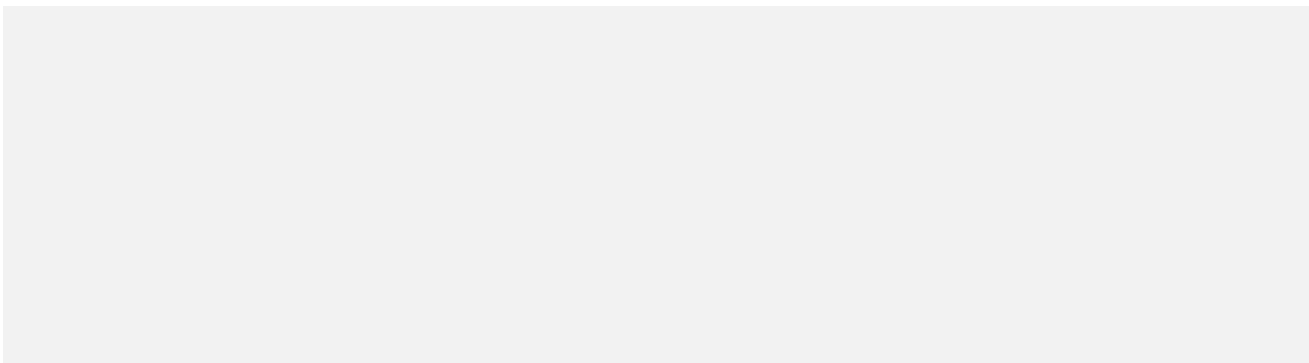
1. Please broadly describe the rotation including:
 - The specialty focus of the rotation
 - The type of work the training will be undertaking
 - A description of the rotation



2. List the Key Learning area/s of the Training Program that the training practice can offer



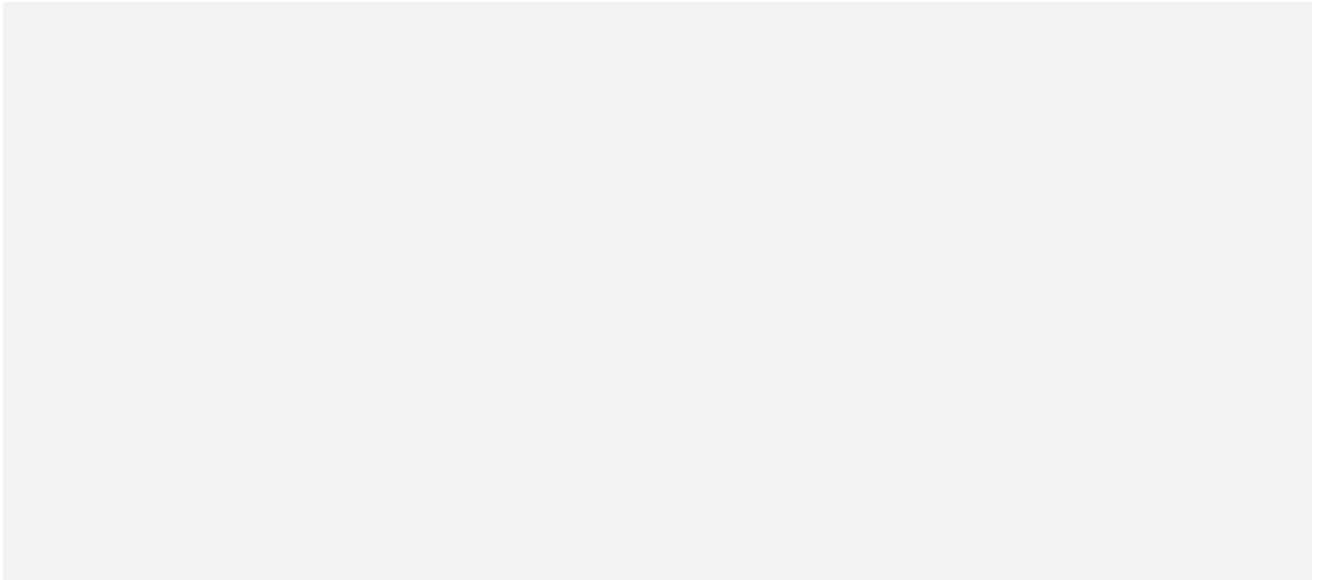
3. Discuss how you will ensure exposure to all listed learning outcomes for the key learnings offered at your practice will be achieved.



4. Rostering

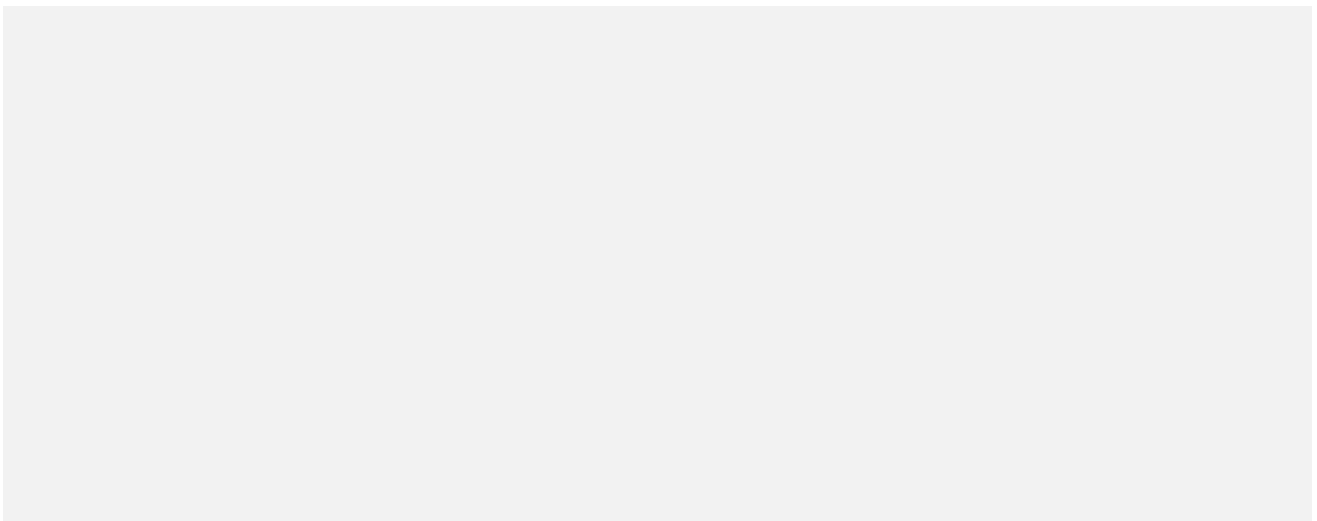
Please provide a copy of a one-month roster for both trainee and preceptor, including any additional supervisory and key staff.

Please outline measures in place to oversee the safety and wellbeing of the trainee. For example, regular breaks, management of fatigue, policy for if yourself or a key person is unexpectedly absent etc.



5. Orientation

Please describe processes in place to provide the trainee orientation



Please provide a copy of practice administration orientation policy

6. Additional Supervisor Declarations

To be completed by any medical practitioners working with or providing guidance to the trainee

Supervisor 1

Site name

Name

Telephone

Email

AHPRA number

Qualifications

Do you hold unrestricted medical registration? Yes No

Have you been removed from the register for misconduct or performance reasons in your career? Yes No

Are you currently under investigation or the subject of disciplinary proceedings in any jurisdiction? Yes No

I agree to oversee a safe working environment for the trainee and promptly informing the ACCSM of any event that is likely to adversely affect the accreditation of the training practice, the trainee, the employer, the training program or the ACCSM.

Signed

Date

Supervisor 2

Site name

Name

Telephone

Email

AHPRA number

Qualifications

Do you hold unrestricted medical registration? Yes No

Have you been removed from the register for misconduct or performance reasons in your career? Yes No

Are you currently under investigation or the subject of disciplinary proceedings in any jurisdiction? Yes No

I agree to oversee a safe working environment for the trainee and promptly informing the ACCSM of any event that is likely to adversely affect the accreditation of the training practice, the trainee, the employer, the training program or the ACCSM.

Signed

Date

7. Preceptor Declaration

I agree to oversee a safe working environment for the trainee and promptly inform the ACCSM of any event that is likely to adversely affect the accreditation of the training site, the trainee, the employer, the training program or the ACCSM.

I understand and agree to comply with all requirements of the ACCSM training program
I agree to inform the ACCSM of any changes in circumstances within any training locations of the rotation including changes in supervisor and key staff.

I will ensure appropriate contracts and indemnities are in place for all trainee placements across any training location.

I agree to comply with Work Health and Safety legislation and discuss the WHS policies with the trainee as part of their orientation.

Signed

Date

8. Lodgment of Accreditation Application

Please submit your accreditation form and required attachments to the ACCSM office.

admin@accsm.org.au

1800 804 781