

APPLICANT DECLARATION

I hereby certify:

- 1 I have read the QLD Health Anaesthesia Pathways web page which outlines the QARTS process and includes downloadable forms and information including 'Mandatory Criteria and Selection Criteria' and 'Selection and Appointment Process' and agree to any requirements and conditions therein.
- 2 I am a citizen of Australia or New Zealand or a permanent resident of Australia.
- 3 I am registered to practice with the Medical Board of Australia with general registration without restrictions or undertakings which would prevent me performing the duties of an anaesthetic registrar.
- 4 I am either registered or eligible to apply to the Australian and New Zealand College of Anaesthetists (ANZCA) as an anaesthetic trainee for the commencement of the hospital employment year.
- 5 I am free from chemical dependence or any other health condition which would prevent me from performing my duties as an Anaesthetic Registrar.
- 6 I am aware the Queensland Anaesthetic Rotational Training Scheme (QARTS) is not part of ANZCA but is a scheme supported by both ANZCA and Queensland Health that provides advice to employers. I am aware that QARTS does not employ Anaesthetic Registrars and that employers may decline the advice of QARTS.
- 7 I am aware I will be subject to regular assessment processes and my continuation as an anaesthetic trainee with QARTS is dependent on meeting ANZCA requirements and achieving satisfactory progression in training.
- 8 I am aware, as a QARTS trainee, that training involves rotation to hospitals outside metropolitan regions and **I agree to accept all rotations and hospital placements to which I am recommended for the full QARTS year** and failing to complete a placement for any reason may result in no further recommendations for employment by QARTS.
- 9 I understand QARTS may obtain further information from ANZCA for details regarding my current training status to confirm satisfactory progress (including attained exam results).
- 10 I understand information provided in my application (including referee reports) will be forwarded to Directors in hospitals where I am recommended for employment.
- 11 I understand the information provided in my application may be subject to audit and I may be required to provide further documentation in support of my application. I accept that failure to provide any requested evidence to substantiate my application may result in no further recommendations for employment by QARTS.
- 12 I consent to the QARTS using my personal information to determine my suitability for entry and participation. I am aware I can obtain further information from the QARTS Coordinator at qarts@anzca.edu.au.
- 13 I understand QARTS may be in receipt of information provided by ANZCA or other parties which provides statistics and information for audit of training, processes and trainee outcomes.
- 14 I understand that if I am accepted as a QARTS trainee I am subject to the employment conditions of the employing health service including pre-employment checks and entitlements.
- 15 I am aware if I have knowingly made a false or misleading statement in the application that I may be removed from QARTS and not recommended for future employment positions by QARTS.

I have understood the basis for giving my consent. (Please tick below)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Surname			
Given Names			
Signature		Date	

This form MUST be personally signed.

No digital signatures will be accepted. Please print, complete and upload to your application in PDF format ONLY.