



International Medical Graduate (IMG) applying for registration to undertake Specified Training in the Northern Territory

Assessment Application

PART A: Employer / Sponsor application

*Part A is to be completed by the employer/sponsor and submitted **with the required documents** to the relevant college. A copy of this form (with/without additional documentation) must also be submitted to the Medical Board.*

The purpose of this application is to enable the College to advise the Medical Board in relation to the suitability of the specified training position for the IMG. The Medical Board requires this advice from the College to assist in deciding on the eligibility of the IMG for registration on the Specialist Pathway.

Applicant details (employer/sponsor and applicant to complete)

Family name:	
Given name/s:	
Basic Medical Qualification	
Name of overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee:	
Specialist qualification awarded (or to be awarded) by the above college/body upon completion of training:	
Specialty or training area (e.g. anaesthetics, neonatology, etc) in proposed training position:	
Employer/ Institution / Supervisor contact details	
Contact person (employer or sponsor) on behalf of the applicant:	
Australian state or territory in which the training position will be located:	

Name: _____

Signed: _____

Institution: _____

Position: _____

Date: _____



The following documents must be attached to this application and submitted to the relevant College (please tick):

- Position description
- Training program
- Curriculum vitae of the applicant
- Statement from the overseas specialist college/body awarding the specialist qualification, or with whom the applicant is a trainee in the country of training :
 - o confirming the applicant's trainee status with the college/body
 - o outlining the content, structure and length of the training program
 - o confirming that the applicant is no more than 2 years from completing their specialist training
 - o confirming that the applicant has passed a basic specialist examination **or** satisfactorily completed substantial training (generally 3 or more years i.e. PGY 5); and
 - o identifying the objectives of the training to be undertaken in Australia

OR

- Confirmation of the applicant's Specialist Qualification in their home country

Please also check with the relevant College website as further specific information may be required by some colleges. Please also note that further registration requirements apply, including a statement from the applicant that he/she intends to return home on completion of the training program in Australia.

Please check with the relevant College website for the fee payable to the College to undertake an assessment for a specified training position in Australia. This fee may vary from College to College and fee payment must be included with this application form. Any application form submitted to a College without fee payment will be returned directly to the employer/sponsor to seek payment before an assessment can take place.



Part B: College Advice to the Medical Board

Part B should be completed by an authorised College representative and submitted to the Medical Board.

The Medical Board requires this advice from the College to assist in deciding on the eligibility of the IMG for registration on the Specialist Pathway.

On the basis of the information provided with this application the College provides the following advice to the Medical Board: (please tick):

Yes, the training position/program is suitable for the applicant.

No, the attached training position/program is not suitable for the applicant. (Please provide reasons below)

Further comments

College: _____

College contact details: _____

Authorised officer: _____ (name)

_____ (signature)

_____ (position)

_____ (date)

The completed application form, along with the attached documents, should be sent to:

**Medical Board of the Northern Territory:
GPO Box 4221
Darwin NT 0801
Fax No: 08 89994196**