



College of Intensive Care Medicine
of Australia and New Zealand
ABN: 16 134 292 103

Privacy Notice and Consent Form

Location / Site:

INFORMATION FOR TRAINEES

The Specialist Training Program (STP) is an Australian Government initiative that helps to fund accredited specialist training rotations in settings beyond traditional public teaching hospitals.

The program aims to increase the number of doctors progressing to fellowship as specialists by:

- Increasing the capacity of the health workforce to train specialists.
- Providing specialists with training that matches demand and reflects the way health services are delivered.
- Developing networked specialist-training arrangements, which are:
 - An integrated series of accredited training sites focused on health care, through which trainees may rotate in the pursuit of specialist qualification.
 - Based on health-service delivery requirements of a region with the education potential of training sites matched to the health-service delivery potential inherent in increased availability of a specialist trainee workforce.

CICM has entered into an agreement with your hospital to administer and provide a contribution towards each full time equivalent training position under STP. As part of the requirement of STP, you will be asked to provide certain details about yourself. The personal information CICM will ask you for will include:

- Your name and contact details
- Your specialty and sub-specialty
- The year of the relevant college training program you are undertaking
- The name of the facility and suburb, region and State or Territory of your training position
- The dates you commenced and ceased in the training position.
- Completion of an online survey following your STP term

CICM and your hospital are required by the Privacy Act to take reasonable steps to ensure you are aware of certain details including the purposes for which your personal information is collected and the Participants to which it may be disclosed.

TRAINEE CONSENT FORM

I (insert name), a trainee participating in the Specialist Training Program (“**STP**”), consent to CICM collecting and using information about my placement in the STP position for the purposes of monitoring and reporting on STP to the Department of Health. I also agree to complete the online exit survey required by CICM following my STP term. Responses may be used for the purpose of evaluation/research and will be de-identified.

.....
[Signature]

.....
[Date]

Trainee email address:

Trainee Tel/Mobile: