



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

## **INTENSIVE CARE MEDICINE SUPERVISOR OF TRAINING NOMINATION FORM**

---

### **DECLARATION**

I agree that the information provided on this application form is true and accurate and is not intended to mislead the College in any way.

I understand that the information provided in this application form is used for accreditation of training sites and may be provided to relevant medical boards, the AMC and government authorities.

Signature of Director of Intensive Care	
Signature of Supervisor of Training nominee	
Signature of co-appointed Fellow or previous SOT (if applicable)	