



## COS2: Application to vary annual practising certificate

### Provisional vocational scope

#### SECTION 1 - IMPORTANT INFORMATION

- Please use this form to apply to Council for a change in employment, work location or supervision arrangements while you are registered in a provisional vocational scope of practice. Our processing time is **20 working days** from receipt of a complete application.
- Council approval must be given before commencing in a different position or supervision arrangement. Commencing work before approval has been granted is considered a breach of your professional obligations as a medical practitioner. The time worked in breach will not be counted towards your requirements for vocational registration. You must wait until the requested changes are approved and endorsed on your practising certificate. Your practising certificate will **not** be back dated.
- We require up to date supervision reports to be provided through our online portal.
- If you are registered via the provisional vocational assessment pathway:
  - a. you are required to have onsite supervision from a doctor registered in the same vocational scope as you, at each location.
  - b. Council will request the advice of the relevant medical college on the suitability of your proposed changes.
  - c. a **non-refundable** fee applies if changing employer/work location/supervisor.

#### SECTION 2 – TO BE COMPLETED BY APPLICANT

Last name:		Registration Number:	
First names:			

#### Change required (tick one or more boxes)

<input type="checkbox"/>	Extension to current employment
<input type="checkbox"/>	Change of work location
<input type="checkbox"/>	Change of employer
<input type="checkbox"/>	Change of supervisor

#### Documents to be provided

- A cover letter clearly outlining the proposed employment and supervision arrangements including all work location(s)
- **Job offer** – if changing employers or extending current employment
- **Supervision plan** – this is required if you are:
  1. Changing employer
  2. Changing supervisor

#### I understand that:

- The Medical Council may review my registration at any time to ensure that I am practising within my scope of practice.
- My clinical supervisor will report to the Medical Council every three months or as requested.

Signed:		Date:	dd / mm / yyyy
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#### SECTION 3 – TO BE COMPLETED BY EMPLOYER (OR PROPOSED EMPLOYER IF EMPLOYER IS CHANGING). DATES MUST MATCH THOSE LISTED IN THE JOB OFFER

Position appointed to:		Vocational Scope of practice:	
Employer:			
Work location(s) – please list all:			
Position:	<input type="checkbox"/> Full time <input type="checkbox"/> Part time	Hours per week:	
Proposed start date of change:	dd / mm / yyyy	Proposed end date of change:	dd / mm / yyyy

Printed name of person signing:		Position:	
Signed:		Date:	dd / mm / yyyy

**SECTION 4 – TO BE COMPLETED BY CURRENT SUPERVISOR (OR PROPOSED SUPERVISOR IF SUPERVISOR IS CHANGING)**

Last name:	Registration Number:		
First name			
Current practising certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No		Position:	
I am currently registered within a vocational scope:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Scope:	
I have read Council's <a href="#">IMG orientation, induction and supervision guide</a> and understand what is required of me. I agree to supervise the applicant and to complete supervision reports every three months, or as requested by the Medical Council.			
Signed:	Date:	dd / mm / yyyy	

**SECTION 5 – TO BE COMPLETED BY THE CHIEF MEDICAL OFFICER (CMO) OR PRACTICE PRINCIPAL**

In a hospital environment, the signature of the CMO or their delegate is required. In the primary care environment, the signature of the practice manager/practice principal or their delegate is required.  
Written confirmation of the delegation must be sent to the Council office before an application is approved.  
I agree to the proposed supervision and induction plan and accept responsibility for ensuring the plan attached is implemented.

This section does not need to be completed if the only change is a change of supervisor.

Name of signatory:		Position:	
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**SECTION 6 – FEES**

Council staff will send a payment link on receipt of your application. For a current list of Medical Council fees please visit our website [here](#).

Signed:		Date:	dd / mm / yyyy
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