As part of your Initial Application to the Medical Council of New Zealand (MCNZ) for Vocational Registration in the scope of Emergency Medicine, you are required to complete this form that documents the positions you have held in your most recent two years of experience as a consultant or senior registrar.

Please complete a separate form for each hospital you worked in during this period and submit the forms as attachments to your application to the MCNZ.

You are also required to complete Specialist Assessment additional information Form A.

# Applicant details

|  |  |  |  |
| --- | --- | --- | --- |
| Title: |  | Name: |  |

# Hospital details

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of hospital |  | | | |
|  | | | | |
| Dates employed | From |  | To |  |
|  | | | | |
| Position |  | | | |
|  | | | | |
| Number of hospital beds |  | | | |
|  | | | | |
| Hospital type |  | | | |
|  | | | | |
| Tertiary services |  | | | |

# Emergency department details

|  |  |
| --- | --- |
| ED attendances per year |  |
|  | |
| Percent admitted |  |
|  | |
| Paediatric attendances per year |  |
|  | |
| Trauma level |  |
|  | |
| Casemix |  |
| *A general statement regarding general population seen, e.g. paediatric, trauma, indigenous populations, etc* | |
| Quality assurance |  |
| *e.g. presence of departmental morbidity and mortality, chart audit, peer reviews, description of lab/x-ray sign off* | |
| Number of consultants in ED |  |
|  | |
| Medical staff per shift |  |
|  | |
| Other staff per shift |  |

# Workload details

|  |  |
| --- | --- |
| Clinical hours per week |  |
|  | |
| Teaching hours per week |  |
|  | |
| Admin hours per week |  |
|  | |
| Research hours per week |  |
|  | |
| Total hours per week |  |

# Declaration

I, enter name here, declare that the above information is true and accurate to the best of my knowledge. I understand that false or incorrect information could lead to delays in, or disqualification of my application.