

## ANZHPBA PFET APPLICATION FOR RECOGNITION OF COMPLETION OF RESEARCH REQUIREMENT

*Return completed form to the ANZHPBA Executive Officer via email: [info@anzhpba.com](mailto:info@anzhpba.com)*

**Trainee name:**

**Current Hospital Post:**

**PFET year (circle):**    1    2

### Research project

<b>Project title:</b>		
<b>Project Supervisor:</b>		
<b>Supporting institution:</b>		
<b>Project type (circle):</b>	Case control study	Grant proposal
	Cohort study	Study protocol
	Randomised controlled trial	Book chapter
	Literature review	
	Systematic review	Other (specify):
	Meta-analysis	
Manuscript publication		
<b>Journal published:</b>		
<b>Provide link:</b>		
(or attach evidence of acceptance for publication)		
Presentation		
<b>Format (circle):</b>	Podium	Poster
<b>Presented at:</b>		
(attach certificate of presentation)		

**Outline the extent of your involvement in the research activity:**

**Manuscript reviews**

<b>Review</b>	<b>Manuscript type (eg systematic review)</b>	<b>Date submitted</b>	<b>Supervisor</b>
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			
<b>5</b>			
<b>6</b>			
<b>7</b>			
<b>8</b>			

## Attachments

I have submitted with this form:

- A copy of my research project (electronic copy of manuscript, presentation slides/poster, other)
- Evidence of acceptance for manuscript publication or certificate of presentation (if applicable)
- Evidence of completion of 8 manuscript reviews

## Trainee declaration

I declare:

- The research project is an original contribution of which I am a major author.
- The research has not been previously presented or published by another author.
- The information provided in this form is true and correct.

Signature: .....

Date: .....

## Supervisor approval

Research Supervisor

I declare the research project meets all requirements as outlined in the ANZHPBA Research Requirement Policy Section 3.

Name .....

Signature .....

Date: .....

Hospital PFET Supervisor

I declare ..... has satisfactorily completed the required research project and 4 manuscript reviews for ANZJS in accordance with the ANZHPBA Research Requirement Policy Sections 3 and 4.

Name .....

Signature .....

Date: .....

**Office use only**

**Research requirement complete**

**Requirement not satisfactorily met- resubmission required**

**Approved by Chair of the Training Committee:**

Name:

Signature:

Date: