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| **New Unit**  **Accreditation Application** | | |
| **Name of Local Health Network:** |  | |
| **Name of Facility:** |  | |
| **Name of unit / rotation:** |  | |
| **Number of posts to be accredited:** | **Intern** | **PGY2+** |
| **Is the unit currently accredited for other prevocational posts?** | **Yes**    *If yes please indicate level and number of posts* | **No** |
| **No. of posts/level:** |
| **Outline the reason(s) for creating the post(s):** | | |
| **Term description attached:** | **Yes** | **No** |
| **Authorised by the Director of Clinical Training:** | **Yes** | **No** |
| Signature of DCT: | |
| **Additional information to support application:** | | |