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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:** |