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**New Unit**

**Accreditation Application**

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| **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 below.* | **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 (DCT):** | **YES** | **NO** |
| Signature of DCT: | |
| **Additional information to support application:** | | |

*Accreditation Applications can be emailed to* [*healthSAMETaccreditation@sa.gov.au*](mailto:healthSAMETaccreditation@sa.gov.au)