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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*