

# TIPS Instructor Application

Version 1.0



To register as a Training in Professional Skills (TIPS) course Potential Instructor, please:

- > save this form on your own drive
- > complete form
- > return form to the Royal Australasian College of Surgeons, preferably via email

First name:  Surname:

Mailing Address line 1:

Mailing Address line 2:

State (Australian addresses only):  Postcode:  Country:

## Contact details

WH: ( )  Mobile:

Fax: ( )  Email:

## Nature of medical practice

Consultant  Other:

Specialty Trainee

Physician

Specialty

Qualifications:

## Current hospital appointments and roles

Hospital	Position
1.	
2.	

**Recent involvement in teaching** (within the last five years)

(e.g. CCRISP instructor, undergraduate, graduate nursing, ambulance officer, etc.)

**Nature of current involvement in non-technical skills**

I have completed a RACS Surgical Teachers Course (please tick if appropriate)

*I am willing to commit to a minimum of one course per year for a minimum of two years, with continuing involvement in the development of the TIPS program/curriculum.*

Signature (type name if submitting form electronically)

Date

RACS is collecting the information on this form for the purpose of processing your course registration. This information may be disclosed to those responsible for the administration and conduct of the course including external parties who provide administrative and organisational support. The College may also need to verify the information provided on this form with external institutions or individuals, and gather additional information in order to process your registration. We may also disclose personal information where we are required to do so by law. If you fail to provide this information the College will be unable to process your registration. You may gain access to the personal information you have provided on this form and other personal information we hold about you by contacting the College's Privacy Officer on 03 9249 1200. You also have the right to update and correct any personal information we hold about you.

I CONSENT TO THE INFORMATION ON THIS FORM BEING USED AND DISCLOSED AS STATED.

Signature (type name if submitting form electronically)

Date

**Please return to:**

[tips@surgeons.org](mailto:tips@surgeons.org)

Tel: +61 3 9276 7419

Fax: +61 3 9249 1298

Or: TIPS Administrator  
Skills Training Dept  
Royal Australasian College of Surgeons  
250-290 Spring Street  
EAST MELBOURNE VIC 3002