****

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**

**Training In Related Disciplines (TRD) Proposal**

Proposed Related Discipline:...........................................................................

Name of proposed TRD supervisor: .........................................................................................

Qualifications of proposed TRD supervisor: ...........................................................................

Name of proposed TRD institution: .........................................................

Address of proposed TRD institution: .......................................................

.............................................................................................................................................

Today’s date: ………………………………………………….

To: The Training and Credentials Committee,

**Re: TRD Supervision**

I agree to act as a TRD supervisor for:

Name of Fellowship candidate: …..…………………………………………………….

Primary Fellowship Subject of Fellowship candidate: ……………………………………….

Anticipated dates, times and format of TRD training: ………………………………………………..............................................................................................................................................................................................................................................................

I hereby attest that the candidate will train under my direct supervision to cumulate the required equivalent weeks of full time training (at least 40 hours per week). I currently work at least 25 hours per week practicing in the related discipline and the candidate will have access to me at least 25 hours per week fulltime week equivalent whilst training.

**Signed ..................................................................................**

*Template*

****

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**

Training in Related Disciplines Report

Date:

Candidate's Name:

Fellowship Subject:

Related Discipline:

Supervisor’s Name and Qualifications:

Supervisor’s Position:

This is to certify that the candidate listed above attended the following training in my discipline.

|  |  |  |
| --- | --- | --- |
| **Date or Date Range** | **Number of Days** | **Activity** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total Days** |  |  |

Signed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor in Related Discipline**

**Date**