

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**  
**Immersive Training Proposal**

Name of proposed supervisor:

Qualifications of proposed supervisor:

Date:

To: The Training and Credentials Committee,

**Re: Immersive training supervision**

I agree to act as an immersive training supervisor for primary discipline training for:

Name of Fellowship candidate:

Fellowship Subject of Fellowship candidate:

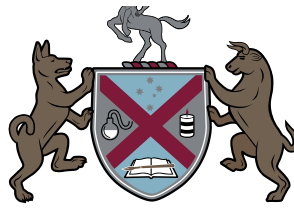
Anticipated Dates of immersive training:

I hereby attest that the candidate will train full time (at least 38 hours per week) under my direct supervision and maintain an appropriately formatted activity log of cases seen on immersive training

I currently work at least 25 hours per week practicing in the candidates' primary specialist discipline and the candidate will have access to me at least 25 hours per week whilst training.

**Signed** .....

**Dated** .....



**AUSTRALIAN AND NEW ZEALAND COLLEGE OF VETERINARY SCIENTISTS**  
**Immersive Training Report**

Candidate's Name:

Fellowship Subject:

Supervisor's name and qualification:

Supervisor's Position:

Qualifications of proposed supervisor:

This is to certify that the candidate listed above attended the following immersive training under my direct supervision.

| <b>Date Range</b>  | <b>Activity</b> |
|--------------------|-----------------|
|                    |                 |
|                    |                 |
|                    |                 |
|                    |                 |
|                    |                 |
| <b>Total Weeks</b> |                 |

Signed

\_\_\_\_\_  
**Supervisor of Immersive training**

**Date:**