



## Application for Period of Interrupted Training

FOMS 10

### Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who are applying for period of interrupted training in accordance with *Part A – Section 5, 5.1 Part Time or Interrupted Training* of the [OMS Handbook](#).
- Please complete this form and email with [certified copies](#) of supporting documents to [omstraineer@racds.org](mailto:omstraineer@racds.org) by closing date. Late and incomplete applications will not be accepted.

### Applicant Details

First name		RACDS ID <i>(if known)</i>	
Last name			
Email address			

### Period of Interrupted Training Details

Training status	Commencement date	
	Training year (e.g., OMS 1)	
	Training centre	
Interrupted Training Period <i>(Current application)</i>	Start date	
	End date	
Interrupted Training Period <i>(Previous approved application)</i>	Start date	
	End date	
Reason for application		

### Director of Training Declaration

On behalf of the Regional Surgical Committee and training centre, I hereby declare that we fully support the application of Dr \_\_\_\_\_ to undertake a period of interrupted training

Director of Training			
Signature		Date	

### Trainee Declaration

I hereby declare that all information provided in this application is true and correct. I understand that during a period of interrupted training, OMS trainees cannot sit for examinations or participate in any part of the training program. I understand that as the College does not employ its trainees, the College can only mandate the approval of training which will be accredited by the College. I agree to maintain enrolment during the period of interrupted training and that my information will be handled in accordance with the RACDS [Privacy Policy](#).

Signature: _____	Date: _____
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