



## Application for Extension of Training for Completion of Research Requirements

**FOMS 08**

### Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) trainees who are applying for extension of training to complete research requirements in accordance with the Accredited Training in OMS Handbook.
- OMS trainees must pay the requisite fees for extension of training for the completion of research. Once extension of training has been approved, an invoice will be generated. Please refer to the fee schedule via the [RACDS website](#).
- Please complete this form and email 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	
Last name		(if known)	
Email address			

### Training Extension Period

<input type="checkbox"/> Term 1 (first six months)	Start date:	
	End date:	
<input type="checkbox"/> Term 2 (second six months)	Start date:	
	End date:	

### Supervisor of Research and Director of Training Declarations

We hereby declare that we support the application of Dr \_\_\_\_\_  
to extend period of training to complete research requirements.

Supervisor of Research			
Signature		Date	
Director of Training			
Signature		Date	

### Trainee Declaration

I hereby declare that all information provided in this application is true and correct. I understand that it may be disclosed to internal and external parties who provide administrative or organisational support to the process, or where the Royal Australasian College of Dental Surgeons is required to do so by law.

Trainee signature _____	Date _____
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