**Overseas Supervisor Registration**

**Title:**

**Name:**

**Position:**

**Current Institution of Practice:**

**Institution Address:**

**Affiliated College:**

**Fellowship Number & Year of Entry:**

**Medical Registration Number:**

**Area of Specialty:**

**Are you a recognised practitioner in Endoscopic procedures in either Australia or your country of current practice?**

 **If so, by which recognising body and in which country?**

**Type and approximate number of Endoscopy procedures you perform per annum:**

**On a scale of one to five, how would you rate your level of familiarity with the Australian Endoscopy standard:**

 1 2 3 4 5

 Not familiar at all Very familiar

**Preferred Contact Email Address:**

**Preferred Contact Telephone number:**

(please use the full international number format e.g. +61 2 1234 5678)

Please attach your current curriculum vitae to this form.

Thank you for agreeing to act as a supervisor for an Australian Advanced Trainee.

Benjamin Thompson

Chair - CCRTGE