I, ..................................................................................................................................................................................

of ................................................................................................................................................................................

refer to the Application for Short-Term Training in a Medical Specialty (Application) completed on my behalf by 

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In support of that Application I agree and acknowledge that:

- I am an overseas trained specialist or an overseas specialist in training as defined in the Application;

- I will be undertaking this short term training for the purpose of specific training or upskilling in my chosen speciality, or to obtain experience not available in my country of training;

- I intend to return to my country of training at the end of the short term training program; and

- should I seek to remain in Australia, I will be required to progress through one of the following pathways:
  - Competent Authority Pathway
  - Standard Pathway
  - Specialist Recognition or College Fellowship training

Name and Country of Training:

Signed: Date:

Witness Signature: Witness Name: