

Subject:	Statement of Intent to Return to Country of Training	Ref. No.	ETA-IMG-043
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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: