

## SPECIALIST TRAINING PROGRAM (PROGRAM)

### NOTICE OF USE OF PERSON INFORMATION

#### INFORMATION FOR THE CONSENTEE

The Australian Government has entered into an agreement with The Royal Australasian College of Surgeons (“**RACS**”) to provide financial support for the relevant Training Positions under the Program. RACS has entered into an Agreement with your hospital (the Participant), to administer and provide funding for each full-time equivalent Training Position under the Program.

As part of the Programs requirements, you will be asked to provide certain details about yourself. Some of these details will constitute ‘personal information’ for the purposes of the *Privacy Act 1988* (Cth) (“**Privacy Act**”) and State privacy legislation which means that personal information about you must be dealt with by RACS and your hospital (the Participant) in a manner which respects your privacy.

The personal information RACS and your hospital may collect from you may include:

- your Medicare Provider Number (if applicable)
- your name
- your specialty and sub-specialty, department or role
- the year of the relevant training program you are undertaking or participating
- the name of the hospital and suburb, region and State or Territory of your Training Position or role in the Participants’ organisation
- the dates you commenced and ceased in the Training Position or role

RACS and your hospital (the Participant) are required by the Privacy Act to take reasonable steps to ensure you are aware of certain details including the purposes for which your personal information is collected and the parties to which it may be disclosed.

As part of the Program requirements, it may be necessary for RACS and your hospital (the Participant) to disclose information about your training placement or role to the Department of Health (**DoH**) and to the Minister for Health and Ageing (**Minister**). The reason for the disclosure is that the DoH and the Minister may need to monitor and report on the Program and will use the information for this purpose. By signing the Specialist Training Program Consent to use Personal Information Form you consent to the disclosure of your personal information in this manner.

RACS will only process your personal information in accordance with our Privacy of Personal Information Policy found on the RACS website (under Policies). If you have any questions regarding our processing of your personal information you can contact us on our contact details as specified in the privacy policy.

For more information on STP, please visit the Specialist Training Program (STP) on the [RACS website](#).

**SPECIALIST TRAINING PROGRAM (PROGRAM)**

**CONSENT TO USE PERSONAL INFORMATION IN STP (PROGRAM) FORM**

I, ..... (insert name), a Specialist Trainee, Supervisor or other role participating in the Specialist Training Program (**Program**), consent to the Royal Australasian College of Surgeons (RACS) collecting and using information about my placement or other role in the Program for the purposes described in the attached Specialist Training Program Privacy Notice provided to me and in accordance with the privacy policy of RACS, which I have had the opportunity to review prior to signing this consent form.

\_\_\_\_\_  
[Signature]

\_\_\_\_\_  
[Date]

This form is to be returned to RACS STP with Progress Reporting.