

This form is to be used by trainees who have completed all diploma requirements and are seeking award of the diploma.

1 TRAINEE INFORMATION

ANZCA ID (if applicable):

Medical registration number:

Name as you would like it to appear on your diploma

(Please print legibly in capital letters):

To the Chief Executive Officer,

Having completed all training requirements, I hereby apply for award of Advanced Diploma in Diving and Hyperbaric Medicine of the Australian and New Zealand College of Anaesthetists under the provisions of Regulation 36.

I certify that:

I have no illness or disability that would preclude the safe practice in DHM, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in DHM,

OR

I have informed the College of any illness or disability that would preclude the safe practice in diving and hyperbaric medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in diving and hyperbaric medicine, and I am receiving appropriate medical care.

- I have current medical registration and agree to notify the College if my medical registration is withdrawn or suspended, or conditions are placed on my medical registration.
- I undertake to notify the College if I develop an illness or disability that would preclude the safe practice in diving and hyperbaric medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice in diving and hyperbaric medicine.
- I acknowledge that any condition which could preclude the safe practice in diving and hyperbaric medicine, including personal drug or chemical dependence, may prevent my Diploma in Advanced DHM award.
- I agree that all communications made by the Council of the College or any of its officers, and all answers made and all communications of every kind in relation to this my application for Diploma in Advanced DHM award of the College shall for all purposes be absolutely privileged.

Trainee signature:

Date:

2 SUPPORTING DOCUMENTATION

Evidence of completion of the following (if not already provided to the College).

Specialist qualification.

SPUMS diploma.

Courses (diving, hyperbaric and advanced life support).

If you have been unable to meet the minimum required volume of practice, provide a request for dispensation from the outstanding requirements to the DPA assessor, detailing the outstanding requirements and the reasons that you were unable to meet the requirements. This must be supported by your supervisor.

Send your completed form and accompanying documents to the College:

ANZCA Training Assessment unit

PO Box 6095, Melbourne, Victoria 3004, Australia

Email: dhm@anzca.edu.au | Fax: +61 3 8517 5362