Training Assessment

IMGS Examination Form 2017

NOTE: This application form is ONLY to be used to apply for the IMGS examinations. Please indicate which sections of the IMGS examinations you are applying for:

<table>
<thead>
<tr>
<th>IMGS examination</th>
<th>Sections included</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full examination</td>
<td>MCQ, SAQ, medical clinical and anaesthesia vivas</td>
</tr>
<tr>
<td>IMGS examination</td>
<td>SAQ, medical clinical and anaesthesia vivas</td>
</tr>
<tr>
<td>Exempt written assessment</td>
<td>medical clinical and anaesthesia vivas</td>
</tr>
</tbody>
</table>

1. PERSONAL INFORMATION

ANZCA ID: ____________________________

Family name: ________________________ Date of birth: ____________ Day | ____________ Month | ____________ Year

First name: ________________________ Middle name: ________________________

2. CONTACT INFORMATION

Please notify finalexam@anzca.edu.au if any of these details change during the course of the exam.

Postal Address: ____________________________

Suburb/city: ____________________________ State: ____________________________

Postcode: ____________________________ Country: ____________________________

Mobile Phone: ____________________________ Other Phone: ____________________________

3. EXAM DATE AND VENUE

Please select which examination sitting you will attend, and then your preferred venue for the written sections and medical viva examination.

☐ 1st sitting
  
Written sections and medical viva
March 17-18, 2017
Anaesthesia viva (in Melbourne only)
May 19-20, 2017

☐ 2nd sitting
  
Written sections and medical viva
August 25-26, 2017
Anaesthesia viva (in Brisbane only)
October 20-21, 2017

Please tick the preferred venue for the written sections and medical viva examination.

☐ Adelaide
☐ Sydney
☐ Brisbane
☐ New Zealand
☐ Melbourne
☐ Hong Kong
☐ Perth
ANZCA ID: ____________________________

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

4. DECLARATION

I certify that:

a) I have no illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain 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 of anaesthesia, intensive care medicine or pain medicine.

or

I have informed the College of any illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain 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 of anaesthesia, intensive care medicine or pain medicine, and I am receiving appropriate medical care.

and

b) I undertake to notify the College if I develop an illness or disability that would preclude the safe practice of anaesthesia, intensive care medicine and pain 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 of anaesthesia, intensive care medicine or pain medicine.

and

c) I am aware of and abide by the ANZCA Academic Integrity Policy.

Signature: ____________________________ Date: ________/_______/_______

5. PAYMENT DETAILS

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>$A 5591.00</td>
</tr>
<tr>
<td>Hong Kong, Malaysia and Singapore</td>
<td>$A 5580.00</td>
</tr>
<tr>
<td>New Zealand</td>
<td>$NZ 7373.00</td>
</tr>
</tbody>
</table>

Cheque, bank draft or money order attached (Payable to ANZCA and crossed "Not Negotiable").

Credit card (please tick one)

Credit card number: ____________________________ Expiry date: ________/_______

Name on card: ____________________________ Cardholder’s signature: ____________________________

Send the completed form together with the full amount of the fee to:

Email: finalexam@anzca.edu.au

Post: ANZCA Final Exam
PO Box 6095
Melbourne, Victoria 3004
AUSTRALIA

Fax: +61 3 9510 6786
Cheque: If you are paying by cheque it must be drawn on an Australian bank in Australian dollars and made payable to ANZCA.

Bank draft or money order: These can be drawn by any international commercial or postal bank, but must be denominated in Australian dollars. They should be made payable to ANZCA.

Credit card: If you are paying by credit card, please ensure that you authorise your payment with your signature.

All fees must be paid in full and will be processed once application has been approved. No payment plans will be granted. Only credit card payments will be accepted by fax or email.

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**FIRST SITTING**

**Written and medical examination dates**

March 17-18, 2017  
*(Closing date January 9, 2017)*

**Anaesthesia viva dates and venues**  
May 19-20, 2017 (in Melbourne only)

You may choose to sit the Written (MCQ and SAQ/ or SAQ only) and medical viva in one of the following locations: Adelaide, Brisbane, Melbourne, Perth, Sydney, New Zealand or Hong Kong. You must select which sitting you will attend, and where you will present for your written sections and/or medical viva.

Applications and/or associated documentation will not be accepted after the closing date. Withdrawal fees apply to candidates who withdraw from the exam as per regulation 14.7.3.

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**SECOND SITTING**

**Written and medical examination dates**

August 25-26, 2017  
*(Closing date June 13, 2017)*

**Anaesthesia viva dates and venues**  
October 20-21, 2017 (in Brisbane only)