

NON-FELLOW APPLICATION FORM

PERSONAL DETAILS

Family name: _____ First name: _____
 Middle name: _____ Preferred name: _____
 Gender: **M** **F** Date of birth: __ / __ / ____ Country of birth: _____

CONTACT DETAILS *Please tick preferred*

Home address: _____
 Suburb/City _____ State: _____
 Postcode: _____ Country: _____
 Work address: _____
 Suburb/City _____ State: _____
 Postcode: _____ Country: _____

PHONE *Please tick preferred*

Home: _____ Mobile: _____
 Work: _____ Fax: _____

EMAIL *Please tick preferred*

Personal: _____
 Work: _____

QUALIFYING MEDICAL DEGREE *Including Specialist qualification details*

Please attach copies of documents for all listed qualifications

Title of qualification	University/College	Graduation year	Area of study

TYPE OF PRACTICE

Please indicate your type of practice; please note that your selection may affect your minimum CPD

Clinical

Non clinical

Non interventional

MEDICAL REGISTRATION

Please provide a copy of your medical registration in Australia and/or New Zealand

Australian registration number: _____

New Zealand registration number: _____

DECLARATION OF APPLICANT

I certify that I am currently registered as a medical practitioner with my national medical board/council. I am willing to provide evidence of compliance with the Continuing Professional Development if requested by the Australian and New Zealand College of Anaesthetists.

Signature: _____ Date: _____

AUSTRALIAN PRIVACY ACT 1988 NEW ZEALAND PRIVACY ACT 1993 COLLECTION STATEMENT

The Australian and New Zealand College of Anaesthetists (ANZCA) collects and holds personal information for the purpose of trainee enrolment, administration of training programs, and administration of Fellowships of the College.

Your personal information may be used by the College for the purposes of participation in the Continuing Professional Development (CPD) Program. It may also be used to contact you, or to send you correspondence concerning College operations, anaesthesia practice and continuing professional development. If we do not collect your personal information the ANZCA may be unable to administer your CPD.

Personal information may be disclosed to individuals and regulatory authorities in Australia and New Zealand for the purposes of confirming your CPD participation. Personal information collected and held will not be disclosed to third parties for any other purpose, except where you provide your consent or we are required or authorised by law to do so.

Your personal information will be used and stored in accordance with the *Privacy Act 1988* (Australia) and the *Privacy Act 1993* (New Zealand), and the Australian Privacy Principles and Information Privacy Principles applicable to those acts. The ANZCA maintains a Privacy Policy which is available on its website at <http://www.anzca.edu.au/resources/corporate-policies>. The policy contains information about how you can make a complaint concerning a breach of your privacy, and how that complaint will be handled.

If you wish at any time to access, correct or amend your personal information, this request must be made in writing to the College's Privacy Officer:

privacy@anzca.edu.au

Further information about how you can access and seek correction of your personal information, and our complaint management procedures, is detailed in the Privacy Policy.

Annual fee for participation in the ANZCA and FPM CPD program

An annual fee will be confirmed on an annual basis following the November ANZCA Council meeting. An invoice will be sent to all CPD participants following this meeting. A reminder will be sent for all unpaid invoices by January 30 annually. Any unpaid invoice by June 30 may result in the closure of your CPD portfolio until full payment is received.

PAYMENT DETAILS

The 2020 fee for residents of Australia is AUD \$1,485.00

The 2020 fee for residents of New Zealand is NZD \$1,675.00

The 2020 fee for overseas residents is AUD \$1,350.00

Payment Amount: \$ _____

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

Credit Card

Visa

MasterCard

Credit card number: _____ Expiry date: ____/____

Name on card: _____

Signature: _____

Please send your completed form and supporting documentation to the CPD Team:

Post: ANZCA House
CPD Team
630 St Kilda Road
MELBOURNE VIC 3004
AUSTRALIA

Email: cpd@anzca.edu.au

Fax: +61 3 9510 6786