



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 055 042 852

Records Management

Specialised Study Unit Supervisor Nomination

SSU

1. NOMINATING SUPERVISOR INFORMATION

ANZCA ID: | | | | | | | |

Family Name: _____ First Name: _____

Training site: _____ Country: _____

Email: _____

2. SPECIALISED STUDY UNIT SUPERVISORS

You may nominate as many specialised study unit supervisors as you wish. If you would like to nominate more than four, please provide details on a separate page.

a. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

SSU: _____

b. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

SSU: _____

c. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

SSU: _____

d. Title: _____ Family Name: _____

First Name: _____ Middle Name: _____

Email: _____ Phone: | Country | Area | Local |

SSU: _____

Please send the completed form to the College:

Fax: +61 3 8517 5362

Email: training@anzca.edu.au