

2019 Application and Registration form

This form applies to medical practitioners who will be training in Australia and New Zealand. You can apply or register at any time of the year once you have met the relevant criteria.

1. Personal Information

ANZCA ID: *Leave blank if unknown*

Family Name: _____ First Name: _____

Middle name: _____ Preferred name: _____ Gender: **M** **F**
(If different from first name) Day Month Year

Previous or maiden name: _____ Date of birth:
(If different from family name)

Part A: Application

If you have previously applied to ANZCA, please indicate any changes to your contact details and proceed to part B.

2. Contact details

Home Address: _____
Tick if preferred

Suburb/City: _____ State: _____

Postcode: _____ Country: _____

Email address: _____

Work Address: _____
Tick if preferred

Suburb/City: _____ State: _____

Postcode: _____ Country: _____

Home: Country Area Local

Mobile: Country Area Local

Work: Country Area Local

Fax: Country Area Local

3. Indigenous status

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous Fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following? If so, please select one or more categories as appropriate.

- Aboriginal
- Torres Strait Islander
- Māori
- Pacific Islander

4. Qualifying medical degree

Name of degree: _____

Degree Title: _____ Degree abbreviation (eg MBBS): _____

University: _____

Date of Graduation: Day Month Year

5. Medical registration

Registration number: _____

Country: _____

Part B: Prevocational medical education and training (PMET)

If you have previously supplied this information, please proceed to part C.

Applicants must have completed at least 52 weeks of PMET. (You are encouraged to submit 104 weeks of PMET if already completed.)

To register as an ANZCA trainee:

- You must have completed a total of at least 104 weeks (FTE) PMET experience.
- At least 52 weeks FTE PMET must have been spent gaining broadly-based clinical experience in areas of practice other than clinical anaesthesia, intensive care medicine or pain medicine.
- Up to six weeks leave may be included for each 52 weeks of PMET.

You must provide evidence for each completed term listed below. The original documentation confirming completion of at least 52 weeks PMET on hospital letterhead (with a pen signature), or **a copy certified by a justice of the peace or equivalent authority**. Uncertified copies will not be accepted and may delay Registration. Email attachments are not acceptable.

From DD/MM/YY	To DD/MM/YY	Hospital and country	Department	Time (In weeks)	Leave taken (In weeks)	Full/part time*
<i>Total</i>					<i>If part time, please indicate FTE between 0.1 and 1</i>	

Part B: Prevocational medical education and training (PMET)

Only complete section C if you are registering as a trainee. Applicants should proceed to part D.

6. Rotation and hospital placements.

Please list your placements and dates for the entire hospital employment year. Trainees must commence training in an anaesthesia training position. (Please only list placements that are being undertaken as AVT)

Rotation Status: Region: Name of ANZCA rotation or "independent":
eg. Southern Rotation, Northern Rotation etc.

Training Site	State/Country	Full/Part-Time	Type of Experience	From DD/MM/YY	To DD/MM/YY

7. Verification from Rotational Supervisor or Supervisor of training

In order to achieve registration, an ANZCA supervisor of training (SOT) or rotational supervisor (ROT) must formally verify that a trainee is in a post which complies with all the requirements for training ANZCA trainees. Training will not be able to commence without verification from an ANZCA SOT or ROT. These requirements include, but are not necessarily limited to, appropriate levels of supervision, a suitable mix of cases including acute emergency cases, all the required ANZCA assessment processes, and comprehensive access to all the relevant educational, teaching and quality assurance programs within the department.

The rotational supervisor or supervisor of training may sign this form or confirm via email to training@anzca.edu.au.

I can confirm Dr _____ will be working in a post which complies with all the requirements for training ANZCA trainees.

Name of Supervisor: _____

Signature: _____ Date:

Part D: Declaration and payment

8. Declaration of applicant.

I solemnly declare that the statements made in this application are true and accurate.

Signature of applicant: _____ Date:

9. Payment details.

Please tick to indicate which fee(s) you intend to pay.

	Australia	New Zealand <i>includes 15% GST</i>
Step 1: Application fee	\$A 740 inc 10% GST	\$NZ 845
Step 2: Registration	\$A 2395	\$NZ 3020
Annual training fee - Select the relevant training fee from the table below.		
January 2019	\$A 3245.00	\$NZ 4090.00
February 2019	\$A 2974.58	\$NZ 3749.17
March 2019	\$A 2704.17	\$NZ 3408.33
April 2019	\$A 2433.75	\$NZ 3067.50
May 2019	\$A 2163.33	\$NZ 2726.67
June 2019	\$A 1892.92	\$NZ 2385.83
July 2019	\$A 1622.50	\$NZ 2045.00
August 2019	\$A 1352.08	\$NZ 1704.17
September 2019	\$A 1081.67	\$NZ 1363.33
October 2019	\$A 811.25	\$NZ 1022.50
November 2019	\$A 540.83	\$NZ 681.67
December 2019	\$A 270.42	\$NZ 340.83

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

Credit card (please tick one)



Credit card number:

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
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Expiry date:

[]	[]	[]	[]
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Name on card: _____

Cardholder's signature: _____

Application and Registration Form (Checklist)

Checklist for Step 1 – Application, and Step 2 – Registration

The following lists the submission requirements for application and registration.

Please note: all certified copies must be certified by a justice of the peace or equivalent (where relevant for countries outside of Australia and New Zealand) and must contain the following information:

- “Certified True Copy of Original Document” written on the photocopy.
- Date of certification.
- Signature of certifier.
- Name and position of the certifier

	Submission requirements		
	Step 1 Application	Step 2 Registration	Steps 1 + 2 App & Reg
A certified copy identity page of your passport or driver's licence.	Yes	Submitted in initial application	Yes
Signed Applicant agreement	Yes	Not required	Not required
Signed Library User Agreement (page 5 of this form).	Yes	Yes	Yes
A certified copy of your marriage certificate, change of name notice or your medical registration indicating a change of name.	If applicable	If applicable	If applicable
Certified copy of your prevocational medical education and training (PMET) on an original hospital document (with a pen signature). Email attachments are not acceptable.	Minimum of 52 weeks	Minimum of 104 weeks	Minimum of 104 weeks
Completed payment form with payment of relevant fees.	Application fee	Registration fee and annual training fee	Application, registration and annual training fee
Signed Training Agreement	Not required	Yes	Yes
Verification from rotational supervisor or supervisor of training.		Yes	Yes

Applicants who are not registered with AHPRA or MCNZ must provide original versions of the following documents or copies certified by a justice of the peace or equivalent authority:

- Birth certificate or the identity page of a current passport.
- Diploma for the primary medical qualification.
- Certificate confirming current medical registration

Send your completed form and accompanying documents to the college:

ANZCA Training and Assessments, Education Unit
 PO Box 6095, Melbourne, Victoria 3004, Australia
 For any queries, contact training@anzca.edu.au or +61 3 9510 6299

Library user agreement

User Agreement for Document Supply Requests made via Electronic Mail

1. Personal Information

Family Name: _____ First Name: _____

2. Email Addresses

Primary: _____

Secondary: _____

3. Declaration

Agrees with the Library that:

- a) All copies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose, and have not previously been supplied to me by the library.
- b) The declaration in clause 1 applies to all requests made by me in accordance with clause 5.
- c) The library may treat as signed by me any e-mail request and declaration made under subsection 49(1) of the copyright act 1968 that records that it was sent from my email address.
- d) I understand that it is an offence under section 203F of the Act to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any requests to be signed in a manner provided under clause 3 (above) without my authority.
- e) All e-mail requests and declarations must include at least the following declaration as well as the requestor's college ID:

This request is made pursuant to my user agreement with the Library – Australian and New Zealand college of Anaesthetists.

I declare that any copy requested is required for the purpose of research or study, will not be used for any other purpose, and has not previously been supplied to me by the library.

Signature: _____ Date:

Day	Month	Year

Australian and New Zealand College of Anaesthetists Training Program Application Agreement (APPLICANT AGREEMENT)

Background

ANZCA is committed to ensuring that all vocational training in anaesthesia and pain medicine is undertaken in an appropriate environment and that all parties – ANZCA, its representatives, trainees and applicants - understand and are informed of their rights and obligations. The ANZCA training program which is a 5 year (260 week) training program leading to the award of Fellowship of the Australian and New Zealand College of Anaesthetists will be conducted in a manner that provides transparency of process, assessment and decisions. This document sets out the rights, responsibilities and obligations of each party involved in the enrolment process for the ANZCA Training Program.

Responsibilities and declaration by the applicant

1. I will endeavour to obtain a training position in a department accredited by ANZCA for training.
2. I understand that ANZCA collects and holds personal data for the purpose of trainee enrolment and for the administering of the training program. I consent to having this information used for these purposes and as authorised in the ANZCA Privacy Policy. If I wish at any time to request access to the information I have provided, I understand that I may contact ANZCA and request to review it.
3. I am aware of and agree to abide by ANZCA's Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions and will not bully or unlawfully discriminate or harass (including sexually harass) an employee of the College, a contractor of the College, a member of the public, a Fellow, international medical graduate specialist or another trainee. I will not victimise another person or subject a person to any detriment because that person has made a complaint under College policies, has brought proceedings under College policies or has, or proposes to, give evidence or information in connection with proceedings under College policies.
4. As a registered medical practitioner, I agree to abide by the professional standards as outlined in the professional codes of conduct of the Australian Medical Board or the Medical Council of New Zealand as relevant, Good Medical Practice, ANZCA's Academic Integrity Policy, ANZCA's Internet, email and computer use Policy and local hospital and health service policies I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism, academic misconduct and irreverent use of social media are violations of such professional standards.
5. I certify that I am free from dependency on recreational and/or non-prescribed drugs, and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform the College if I develop dependence on recreational and/or non-prescribed drugs, or if I develop an illness that would preclude the safe practice of

anaesthesia. I acknowledge that if I develop any dependence on recreational or non-prescribed drugs, or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my application.

6. I agree to maintain my medical registration and I undertake to notify ANZCA if my medical registration is withdrawn or suspended, conditions are placed on my medical registration or if I receive notice of any complaint to any medical registration authority.
7. I understand that email will be the primary means by which communication is maintained between me and ANZCA and that ANZCA will use the email address I designate as my primary email. I undertake to regularly access my designated primary email account and to ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size.
8. I understand that processing an application does not guarantee entry into the training program, nor employment by an accredited training hospital.
9. Failure to abide by any of the terms and conditions or clauses of this agreement may result in withdrawal of applicant status.

ANZCA responsibilities and declaration by ANZCA

1. Providing the applicant with a welcome letter that can be provided to prospective employers to support intent to train in anaesthesia.
2. Providing the applicant with a College ID and password to enable access the ANZCA website.
3. Ensuring that any information held by the College on an applicant is stored in a manner which ensures confidentiality in accordance with College policies.
4. Encouraging a climate that is free from bullying and harassment in the workplace in accordance with the College's Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions, and to address all grievances relating to bullying, discrimination or harassment promptly, sensitively and confidentially.
5. Providing access to online library resources; online journals, online textbooks, databases, patient information, tips for keeping current, resources for research and useful links.
6. Providing access to College information via the monthly ANZCA e-newsletter and monthly trainee e-newsletter and electronic information about upcoming conferences and activities.
7. Providing copies of the quarterly Bulletin magazine.

Acceptance by the applicant and ANZCA

I accept the rights and responsibilities as outlined in this agreement.

Trainee signature	
Name in block letters	
Date	

(FOR ANZCA OFFICE USE ONLY)

General Manager, Training Assessment signature	
Name	
Date	

Australian and New Zealand College of Anaesthetists 2013 Curriculum Training Agreement

Background

The Australian and New Zealand College of Anaesthetists (ANZCA) is committed to ensuring that all vocational training in anaesthesia and pain medicine is undertaken in an appropriate environment and that all parties; ANZCA, its representatives and trainees, understand and are informed of their rights and obligations.

The ANZCA Training Program is five years minimum duration (260 weeks) and leads to fellowship of the College. It will be conducted in a manner that provides transparency of process, assessment and decisions.

This document sets out the rights, responsibilities and obligations of each party involved.

Trainee declaration

1. I will endeavour to achieve the learning outcomes and undertake all components of the training program as set out in the 2013 ANZCA curriculum. I understand that this curriculum is updated regularly and that I need to keep abreast of changes as communicated by ANZCA.
2. In particular, I will develop the necessary skills and attributes associated with the ANZCA Roles in Practice and ANZCA Clinical Fundamentals and undertake the necessary experience required to provide safe, high-quality care to patients.
3. To achieve these objectives, I undertake to set my learning goals for each clinical placement, actively seek the required clinical experience to meet volume of practice requirements and actively participate in self-assessment.
4. I acknowledge that my training each year must be in an ANZCA- approved training site or position and will be supervised appropriately. I agree, when in an ANZCA- approved training site, to undertake the required workplace- based assessments, to log and submit my case experience and time records, and to meet with my supervisor of training at least every six months (or earlier as required) to discuss my progress and future plans.
5. I understand that I will receive feedback on my performance and will be advised on how best to address any areas that need improvement. I accept that training will require me to move between hospitals and may require experience in rural and/or private practice settings.

6. I understand that ANZCA collects and holds personal data for the purpose of trainee registration, for the administering of the training program and for evaluating my progress. I consent to having this information used for these purposes and as authorised in the ANZCA Privacy Policy. I understand that I may contact ANZCA and request to review the information I have provided.
7. I understand that ANZCA applications, training documentation and/ or materials will be provided to me during the course of the training program. I acknowledge that this material is owned by the College, is subject to intellectual property protection and therefore cannot be used by me for purposes other than training without the College's prior approval.
8. I agree to submit all required applications, complete the relevant feedback forms and provide all information required by ANZCA within the time limits or deadlines stipulated by the College. I acknowledge that it is my responsibility to ensure that all time limits and deadlines are observed, including timely payment of all fees and the submission of required documentation.
9. I understand that it is my responsibility to maintain and periodically review my online training records via the training portfolio system (TPS). This includes accurate and timely input of time records, workplace-based assessments, volume of practice, clinical placement reviews and core unit reviews in accordance with the instructions within the TPS guidelines. I acknowledge that my training records may be accessed in whole or part by ANZCA's representatives including education officers, supervisors of training, specialised study unit supervisors, rotational supervisors and ANZCA staff. I understand that de-identified TPS data may be used for the purposes of monitoring and evaluation of the revised curriculum including accreditation of training sites. I acknowledge that accreditation of each year of training will include the successful completion of these requirements.
10. I acknowledge that it is my responsibility to be fully informed and aware of all requirements of ANZCA, particularly *Regulation 37 Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum*, the *ANZCA Handbook for Training and Accreditation* and rules, guidelines and policies in relation to the TPS. This will include the monitoring of my online training records via the TPS and timely submission of all relevant documentation.
11. I acknowledge that collecting information about patients has important privacy implications. In collecting and using any patient information it is my responsibility to ensure that all privacy obligations are met and any necessary consent obtained. Only de-identified information should be routinely stored. If any identifying information is recorded in the TPS or other material submitted to the College I will ensure that my, or my hospital's privacy statement, addresses this issue or that my patient has consented.

12. I am aware of and agree to abide by ANZCA's *Policy on bullying, discrimination and harassment for Fellows and trainees acting on behalf of the College or undertaking College functions* and will not bully or unlawfully discriminate or harass (including sexually harass) an employee of the College, a contractor of the College, a member of the public, a Fellow, international medical graduate specialist or another trainee. I will not victimise another person or subject a person to any detriment because that person has made a complaint under College policies, has brought proceedings under College policies or has, or proposes to, give evidence or information in connection with proceedings under College policies.
13. I undertake to observe all relevant ANZCA policies in relation to training.
14. I undertake to abide by all relevant ANZCA corporate policies in addition to any other policies that may apply at my place of employment.
15. I agree that if I have concerns regarding my training, it is my responsibility to seek to have these addressed. I acknowledge that I can approach and seek appropriate guidance from my supervisors of training and education officer, or ANZCA's director of professional affairs (DPA), assessor, general manager, training assessment or the chief executive officer.
16. I agree and acknowledge that whilst I may seek advice from my supervisors and relevant ANZCA Fellows in relation to aspects of my education and training, my supervisors are not authorised to vary the rules and guidelines for the training program or the policies of ANZCA in relation to the training program. Requests for any change or variation of the guidelines or policies or any extension of time must be made in writing to the DPA, assessor and be confirmed to me in writing by ANZCA.
17. I release ANZCA and its representatives from all claims or liability arising from advice or assistance given in good faith.
18. As a registered medical practitioner, I agree to abide by the professional standards outlined in the professional codes of conduct of the Medical Board of Australia or the Medical Council of New Zealand (as relevant), ANZCA's *Academic Integrity Policy*, ANZCA's *Internet, email and computer use policy* and local hospital and health service policies. I agree to be honest, trustworthy and act with integrity at all times. I am aware that plagiarism, academic misconduct (including fraudulent entry into the TPS) and irreverent use of social media are violations of such professional standards.
19. I certify that I am free from dependency on recreational and/ or non-prescribed drugs and have no illnesses that would preclude the safe practice of anaesthesia. I undertake to inform ANZCA if I develop dependence on recreational and/or non-prescribed drugs or if I develop an illness that would preclude the safe practice of anaesthesia. I acknowledge that if I develop any dependence on recreational or non-prescribed drugs or any condition that precludes the safe practice of anaesthesia, this may result in the suspension or termination of my training at any time and prevent my admission to fellowship of ANZCA.

20. I agree to maintain my medical registration and I undertake to notify ANZCA if my medical registration is withdrawn or suspended, conditions are placed on my medical registration or if I receive notice of any complaint to any medical registration authority.
21. I understand that email will be the primary means by which communication is maintained between me and ANZCA and that ANZCA will use the email address I designate as my primary email. I undertake to regularly access my designated primary email account and to ensure that at all times there is sufficient space in the primary email account to allow receipt of emails from the College, even those containing attachments that are several megabytes in size.
22. Failure to abide by any of the terms and conditions or clauses of this agreement may result in a trainee performance review (TPR) being initiated and possible consequences, including my removal from the training program and referral to the appropriate medical regulatory authority.
23. I agree to participate if required in ANZCA's review processes in relation to unsatisfactory performance or progress in the training program, including a TPR. I also understand that I can initiate the TPR if I feel that I have been unfairly assessed or treated.
24. I am aware that ANZCA has a formal reconsideration and review process that I may instigate which precedes the final appeals process. I agree to abide by the final decision of the appeals process.

ANZCA's declaration

ANZCA agrees to provide support to its representatives, including supervisors of training, education officers, rotational supervisors, specialised study unit supervisors, introductory training tutors, clinical fundamental tutors, departmental scholar role tutors, provisional fellowship training supervisors and workplace-based assessors to provide trainees with appropriate resources and support in the following areas:

1. Assisting the trainee to participate in a rotational training program.
2. Assisting the trainee to achieve completion of all training periods, assessment requirements and other training program requirements.
3. Reviewing the trainee's clinical placement plan for each clinical placement to ensure they are realistic, achievable and within the scope of the learning opportunities available.
4. Advising the trainee if requested about resources available to assist the trainee to achieve the objectives.
5. Endeavouring to provide supervision appropriate to the trainee's level of training and the situation.
6. Encouraging a climate conducive to learning and training.
7. Encouraging a climate that is free from bullying and harassment in the workplace in accordance with the College's *Policy on bullying, discrimination and harassment for Fellows*

and trainees acting on behalf of the College or undertaking College functions, and to address all grievances relating to bullying, discrimination or harassment promptly, sensitively and confidentially.

8. To undertake clinical placement reviews with the trainee at least every 26 weeks during a placement for the purposes of support, feedback and assessment, to review of the trainee's progress and to provide feedback on performance.
9. Endeavouring to meet with the trainee in a timely manner to provide feedback and complete the clinical placement review and core unit review, allowing the trainee to progress to the next training period.
10. Encouraging the trainee to maintain and monitor the completeness and accuracy of their training records via the TPS.
11. Assisting the trainee to attend any appropriate educational sessions.
12. Encouraging the trainee to make appropriate time allowance for learning needs.
13. Encouraging anaesthesia departments to roster trainees fairly and to ensure an appropriate balance between training, service, rest and study time.

ANZCA and its representatives agree to use reasonable endeavours in the following areas:

1. Supporting an appropriate, fair, and transparent selection process of trainees to rotational training programs.
2. Providing the trainee with access to educational material related to the training program.
3. Ensuring that any information held by the College on a trainee is stored in a manner that ensures confidentiality in accordance with College policies.
4. Answering any queries the trainee may have on the training program and the requirements to progress in an accurate and timely manner.
5. Responding to applications for approval of individual training positions requiring prior approval in a timely manner.
6. Responding to any other inquiries in a timely manner.
7. Undertaking to ensure best efforts are made to contact the trainee by secondary email, fax or telephone in the event that the designated primary email account is inactive or does not have sufficient space to receive emails from the College.

Acceptance by the Trainee and ANZCA

I accept the rights and responsibilities as outlined in this agreement.

Trainee signature	
Name in block letters	
Date	

(FOR ANZCA OFFICE USE ONLY)

General Manager, Training Assessment signature	
Name	
Date	