

JOINT FACULTY OF INTENSIVE CARE MEDICINE

FORM G

**Australian and New Zealand College of Anaesthetists
and Royal Australasian College of Physicians**

**APPLICATION TO PRESENT FOR
FELLOWSHIP EXAMINATION IN INTENSIVE CARE**

SURNAME:.....
(BLOCK LETTERS)

OTHER NAMES:.....
(BLOCK LETTERS)

ADDRESS (to which Examination Notices can be sent):.....
(BLOCK LETTERS)

EMAIL ADDRESS:..... **TELEPHONE NO:**.....

CITY IN WHICH CANDIDATE WISHES TO SIT:

WRITTEN SECTION:..... **DATE:**.....

ORAL SECTION:.....

**I hereby apply to be admitted to the forthcoming JFICM Fellowship Examination and
enclose \$ in payment of the required fee.**

SIGNATURE OF CANDIDATE.....

DATE OF APPLICATION.....

IMPORTANT NOTICE

This application must be completed and returned to the Executive Officer, Joint Faculty of Intensive Care Medicine, 630 St Kilda Road, MELBOURNE 3004 together with the full amount of the fee. Cheques or drafts to be made payable to Joint Faculty of Intensive Care Medicine and crossed "Not Negotiable Bank Account Payee Only". CREDIT CARD FACILITIES SEE - See over

**IF YOU HAVE NOT PREVIOUSLY FORWARDED DOCUMENTARY EVIDENCE OF TRAINING
APPROVED BY THE FACULTY AND EVIDENCE OF HAVING PASSED THE PRIMARY OR A
RECIPROCAL EXAMINATION -**

THESE MUST ALSO ACCOMPANY THIS APPLICATION

APPROVED:..... **DATE**.....

**THIS APPLICATION WILL NOT BE
ACCEPTED WITHOUT PASSPORT
QUALITY PHOTOGRAPHS ATTACHED
TO THIS FORM.**

NOTE REGULATION 7.8.2

Application to present for the Fellowship Examination must be made on the approved form and must include the required documents and the prescribed fee. The completed application must be received by the Executive Officer at least 56 days before the commencement date of the Written Examination.

**DETAILS ON REVERSE
MUST BE COMPLETED**

..... PRINT NAME	 PRINT NAME
..... SIGNATURE	 SIGNATURE

I certify that

- (i) I am free of chemical dependency
- (ii) I have no illness which would preclude the safe practice of intensive care

I acknowledge that any drug or chemical dependence by me or condition which precludes the safe practice of intensive care may result in the suspension or termination of my training at any time and prevent my admission to Fellowship

I also give consent for information regarding my performance in the Examination to be provided to my Supervisor or Mentor:

Signature

Date:

Method of Payment

Bank Draft/Cheque made payable to "Joint Faculty of Intensive Care Medicine"

Credit Card (please complete details)

CREDIT CARD DETAILS:

Bankcard Mastercard Visa

Credit Card number

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Expiry Date:/.....

Name on Card:

Amount Paid:

Signature:

PLEASE ENSURE THAT YOUR ICU HOT CASE ASSESSMENT FORM IS SUBMITTED NO LATER THAN THE CLOSING DATE