

**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  
PRIMARY 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 Primary 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

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

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

**NOTE REGULATION 7.7.6**

Application to present for the Primary Examination must be made on the approved form together with all relevant documentation verifying completion of the requirements of Regulation 7.7.7 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**

<p>.....</p> <p>PRINT NAME</p> <p>.....</p> <p>SIGNATURE</p>		<p>.....</p> <p>PRINT NAME</p> <p>.....</p> <p>SIGNATURE</p>
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**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)

<b>CREDIT CARD DETAILS:</b>															
<input type="checkbox"/> Mastercard								<input type="checkbox"/> Visa							
Credit Card number															
Expiry Date: ...../.....															
Name on Card: .....															
Amount Paid: .....															
Signature: .....															