



ANZCA

AUSTRALIAN AND NEW ZEALAND  
COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

## Training

# 2009 Annual Training Fee Form

ATF

### 1. PERSONAL INFORMATION

ANZCA ID:

Family Name:

First Name:

Middle Name:

### 2. CONTACT INFORMATION

Postal Address:

Suburb/City:

State:

Postcode:

Country:

Home Phone:

Mobile Phone:

Email Address:

Please go to ANZCA online and verify that your contact details are up-to-date.

### 3. APPROVED TRAINING

Please tick the box that describes the Training Year you will be in at the start of the hospital year.

**Registered**  
(but have not started  
Approved Training)

Basic

**Basic Training**

BTY1

BTY2

**Advanced Training**

ATY1

ATY2

ATY3

**Provisional Fellowship  
Program**

PFP

### 4. 2009 HOSPITAL POSITION(S)

If you are in Approved Training, please list the hospitals and dates for the current Hospital Year.

If you are NOT in Approved Training, please leave this section blank.

Hospital	Location	Full/Part-Time	Type of Experience	From DD/MM/YY	To DD/MM/YY

ANZCA ID: \_\_\_\_\_

**5. 2009 FEES**

Select the appropriate Training Fee from the list below:

	Trainees in <u>Approved Training</u>	Trainees not in <u>Approved Training</u>	Trainees in Approved Training who <u>have paid 5 full ATFs</u>
• Australia, Singapore, Hong Kong and all countries except New Zealand and Malaysia	<input type="checkbox"/> A \$1610.00	<input type="checkbox"/> A \$460.00	<input type="checkbox"/> A \$460.00
• Malaysia	<input type="checkbox"/> A \$403.00	<input type="checkbox"/> A \$115.00	<input type="checkbox"/> A \$115.00
• New Zealand <sup>1</sup>	<input type="checkbox"/> NZ \$*2110.58	<input type="checkbox"/> NZ \$*602.57	<input type="checkbox"/> NZ \$*602.57
<b>NZ Tax Invoice GST Number 60-037-515</b>	<i>*(Includes NZ GST of \$275.29)</i>	<i>*(Includes NZ GST of \$78.60)</i>	<i>*(Includes NZ GST of \$78.60)</i>

I would like to withdraw from the Training Program.

<sup>1</sup> NZ trainees should make payments to the NZ National Office. See Notes Page for address.

**6. PAYMENT DETAILS**

Payment Amount:

Cheque, Bank Draft or Money Order attached

Credit Card (please tick one)



Credit Card Number:

Expiry Date:

Name  
on Card:

Cardholder's  
Signature:

**7. DECLARATION**

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 a 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.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**8. FELLOWSHIP PROGRAM**

Please select the Fellowship Program you are pursuing:

- Anaesthesia   
  Intensive Care\*   
  Anaesthesia and Intensive Care\*  
 Anaesthesia and Pain Medicine\*   
  Undecided

\* You must register separately with the Joint Faculty of Intensive Care Medicine or the Faculty of Pain Medicine.

## 2009 Annual Training Fee Form (Notes)

The Annual Training Fee (ATF) must be paid by all ANZCA Trainees in Approved training, whether full time or part time.

### Due Date

- ATFs are due by 31 January for ALL countries except Singapore, Hong Kong and Malaysia
- For Singapore, Hong Kong and Malaysia, the due date is 30 June.

### Trainees not in Approved Training

- Trainees not in Approved Training are required to pay a Deferred Training Fee which entitles you to receive all publications and provides online access and library privileges. This also maintains your ANZCA Registration.
- You must notify the College if you intend to withdraw from the Training Program. Trainees who do not pay an Annual training Fee or a Deferred Training Fee will be assumed to have withdrawn from the Training Program and their Registration will be withdrawn.

### Instructions for Completing the Annual Training Fee Form (ATF)

#### 1. Personal Information

**Family Name:** If your Family Name has changed since registration by marriage or deed poll, *and you have not yet notified the College*, you must include a copy of your Marriage Certificate or Change of Name Notice.

**First Name:** If your first name is hyphenated or two words, e.g., Wu Xiao Ping, Anne-Marie Jones, enter this in the first name box.

**Preferred Name:** Only complete if the name you prefer to be called by is not your first name. For example, you may go by your middle name, or use an 'English' name. This helps ensure that we get your name correct on correspondence, name tags, and other communications.

#### 3. Approved Training

Please select the box that best describes your Training Year at the start of your Approved Training.

Tick "Basic" box, if you have registered with the College but have not yet started Approved Training.

#### 4. 2009 Hospital Position(s)

This section should only be filled out by Trainees who are in Approved Training at an Approved Training Site. (See Regulation 14.1 for definitions.)

**Hospital:** Indicate the hospital or hospitals in which you will be training during the Hospital Employment Year.

**Full/Part Time:** Indicate whether you were full or part time during each hospital rotation. Part-Time Training requires Prospective Approval.

#### 4. 2009 Hospital Position(s) (continued)

**Type of Experience:** Select from:

- Clinical Anaesthesia
- Intensive Care Medicine
- Pain Medicine
- Other (*and specify*)

**Start and End Dates:** Please use the DD/MM/YY format.

#### 5. 2009 Training Fees

Training fees are now due by 31 January for all countries except Singapore, Hong Kong and Malaysia, where they are due by 30 June. This reflects the varying start dates of the Hospital year in the ANZCA training regions. The full Training Fee must be paid whether you are in full time or part-time training.

The ANZCA Training Program is a 5-year program. Trainees who take longer than 5 years to complete the program and who have paid five full ATFs will be required to pay the Deferred Training Fee in each subsequent year until completion of the program

A Deferred Training Fee must be paid by those not in Approved Training. If you no longer wish to participate in the program please notify the College of your intention to withdraw by ticking the appropriate box.

#### 7. Declaration

You are required to sign the declaration stating that you are free from drug dependency and have no illness that precludes you from the safe practice of anaesthesia.

## 2009 Annual Training Fee Form (Notes)

**All Countries except New Zealand**

**Send the completed ATF to:**

**Chief Executive Officer  
c/o Examinations and Training Unit  
ANZCA  
PO Box 6095  
St Kilda Road Central  
VIC 8008 Australia**

**New Zealand Trainees only**

**Send the completed ATF to:**

**New Zealand National Office  
ANZCA  
PO Box 25506  
Panama Street  
Wellington 6146 New Zealand**