



ANZCA

AUSTRALIAN AND NEW ZEALAND
COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

Training

2010 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: Country Area Local

Mobile Phone: Country Local

Email Address:

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

3. REPORTED 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)

Pre-Training

Basic Training

BTY1

BTY2

Advanced Training

ATY1

ATY2

ATY3

Provisional Fellowship Program

PFP

4. 2010 HOSPITAL TERM(S)

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

If you will be interrupting your training for part or all of the year, please type the word INT under the Hospital column, and indicate the Start and End dates of the interruption. You will need Assessor approval. (See Notes)

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

ANZCA ID:

5. ROTATION STATUS

Please indicate your Rotation Status, i.e., name of your rotation, or, whether you are an Unaffiliated Trainee. (See Notes)

Country OR State (if Australia) Rotation Name OR Unaffiliated

6. 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: _____

7. 2010 FEES

Select the appropriate Training Fee from the list below:

	Trainees in Approved Training	Trainees not in Approved Training	Trainees who have already paid five full ATFs
• Australia, Singapore, Hong Kong and all countries except New Zealand and Malaysia	<input type="checkbox"/> A \$1,687.00	<input type="checkbox"/> A \$482.00	<input type="checkbox"/> A \$482.00
• Malaysia	<input type="checkbox"/> A \$422.00	<input type="checkbox"/> A \$120.00	<input type="checkbox"/> A \$120.00
• New Zealand ¹	<input type="checkbox"/> NZ* \$2,347.02	<input type="checkbox"/> NZ* \$670.58	<input type="checkbox"/> NZ* \$670.58
NZ Tax Invoice GST Number 60-037-515	*(Includes NZ GST of \$306.13)	*(Includes NZ GST of \$87.47)	*(Includes NZ GST of \$87.47)

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

8. 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: _____

2010 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 Registration Maintenance 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 Registration Maintenance 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 "Pre-Training" box, if you have registered with the College but have not yet started Approved Training.

4. 2010 Hospital Term(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.)

Training Year: Indicate the training year for each hospital term.

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. 2010 Hospital Term(s) (continued)

Interrupted Training: Please seek prospective approval for any interruptions during the Training Program. (See Regulation 15.10 for definition.)

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. Rotation Status

To assist with workforce planning, we would like to identify whether you have been accepted into a rotation, i.e., you are training in a hospital accredited by ANZCA with an agreement that you will be rotated to other hospitals that make up the rotation, in order to complete your training requirements.

The Rotation Status has two components:

- State (if Australia) OR Country (if outside Australia)
- *Name of Rotation* OR Unaffiliated (leave this blank if training in Malaysia or Singapore)

An example might be NSW-John Hunter, or NZ-Southern. The name of rotations can be found on www.anzca.edu.au/trainees/supervisory-roles/, click the relevant location and select the Rotation name from the table.

An Unaffiliated trainee is one who has not yet been accepted into a rotation for the duration of the training.

2010 Annual Training Fee Form (Notes)

6. Declaration

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

7. 2010 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 more than 5 years to complete the program and who have paid five full ATFs will be required to pay the Registration Maintenance Fee in each subsequent year until completion of the program.

A Registration Maintenance 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 email.

All Countries except New Zealand

Send the completed ATF Form to:

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

New Zealand Trainees only

Send the completed ATF Form to:

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