



ANZCA

AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS

ABN 82 056 042 852

Training

Trainee Registration Form

TRF

1. PERSONAL INFORMATION

Family Name:
First Name: Middle Name:
Preferred Name: (if different from First Name) Gender: M / F
Previous or Maiden Name: (if different from Family Name)
Date of Birth: Day Month Year Country of Birth:

Attach a Passport-Size Photo here
Width: 35-40 mms
Height: 45-50 mms
Signature

Please sign your signature within limits of the box

2. CONTACT ADDRESSES

Home Address:
Suburb/City: State:
Postcode: Country:

Work Address:
Suburb/City: State:
Postcode: Country:

Postal Address: Please tick if the same as Home Address or Work Address

Suburb/City: State:
Postcode: Country:
General Mail: Home Work Postal

3. PHONE NUMBERS (please tick preferred)

Home: Country Area Local Mobile: Country Local
Work: Country Area Local Fax: Country Area Local

4. EMAIL ADDRESSES (please tick preferred)

Personal Email:
Work Email:

NOTE: For privacy reasons, we require that all ANZCA Fellows and Trainees have a unique email address. If boxes are not ticked, your personal email will be used as the default.

5. QUALIFYING MEDICAL DEGREE

Name on Degree: _____

Degree Title: _____

University: _____

Country: _____ Date of Graduation: _____

Day Month Year

6. MEDICAL REGISTRATION

Please provide a copy of your medical registration

Registration Number: _____ State or Territory: _____
(Australia only)

If registered in more than one location, complete below.

Registration Number: _____ State or Territory: _____
(Australia only)

7. OTHER DEGREES AND DIPLOMAS (optional)

Degree/Diploma Title	University/Location	Month/Year Graduated	Area of Study
<i>e.g., BSc</i>	<i>University of Sydney, NSW, Australia</i>	<i>June 1993</i>	<i>Mathematics, Biology</i>

8. PREVOCATIONAL MEDICAL EDUCATION AND TRAINING (PMET)

You must demonstrate that you have met the Prevocational Medical Education and Training required to undertake specialist training.

- To begin Approved Training, PMET must total at least 24 months with no more than 12 months experience in any combination of Clinical Anaesthesia, Intensive Care or Pain Medicine.*
- If Registering (but not starting Approved Training) or if applying for the Primary Examination only, PMET must total at least 12 months. Please see Note 8 (in Notes Page) for additional requirements.*

From DD/MM/YY	To DD/MM/YY	No of Months	Hospital/Location	Type of Experience
Total:				

9. DECLARATION OF APPLICANT

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

Signature of Applicant: _____ Date: _____

10. PAYMENT DETAILS

Payment Amount:

AUD \$1,853.00

Cheque, Bank Draft or Money Order attached
(Payable to ANZCA and crossed "Not Negotiable".)

Credit Card (please tick one)



Credit Card Number:

Expiry Date:

Name
on Card:

Cardholder's
Signature:

Trainee Registration Form (Notes)

**You can register at any time of the year.
All Trainees must pay the Registration Fee in Australian dollars.
You must register before you apply for the Primary Examination or start Approved Training.**

Registration Requirements

You must be a registered medical practitioner and have completed 12 months Prevocational Medical Education and Training (PMET) to sit the Primary Examination or 24 months PMET to start Approved Training.

Instructions for Completing the Trainee Registration Form (TRF)

1. Personal Information

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.

Previous or Maiden Name: If your Family Name has changed since birth by marriage or deed poll, you must include a copy of your Marriage Certificate, Change of Name Notice or your Medical Registration indicating a change of name.

Date of Birth: Please include a copy of your birth certificate or the identity page of your current passport.

Photograph: You must supply one passport quality photograph.

- Eyes should be open and clearly visible.
- Glasses may be worn as long as the eyes are clearly visible. Sunglasses therefore are unacceptable.

1. Personal Information (continued)

- The photo should be taken against a plain, uniform, white or light-coloured background.
- Both Black & White and Colour photographs are acceptable, though colour is preferred.

Secure the photograph to the form. (This will be scanned.)

Signature: Please sign your usual signature within the boundaries of the signature box. This may be used for identification purposes.

2. Contact Addresses

Postal Address: Only used if you require mail to be sent to an address other than your home or workplace, e.g., PO Box.

Mail Destination: You can select where you would like your General Mail sent.

3. Phone Numbers

Phone and Fax Numbers: Please give your country and area or city codes, in addition to your local number. If you do not have an area or city code, e.g., Hong Kong or Singapore applicants, leave this space blank.

4. Email Addresses

Email: For privacy reasons, we require that all ANZCA Fellows and Trainees have a unique email address. Fellows and Trainees cannot share an email address with another Fellow or Trainee. This can happen in households with a shared email account.

5. Qualifying Medical Degree

You must include a certified copy of your degree in English.

Trainee Registration Form (Notes)

5. Qualifying Medical Degree (continued)

Name on Degree: If the name on your degree varies from the name on your application, you must show proof of Change of Name, e.g., Marriage Certificate or Change of Name Notice.

6. Medical Registration

Please provide a copy of your current medical registration, i.e., evidence of license to practice medicine.

In Australia, we require the State or Territory in which you are registered. If you are registered in more than one State or Territory, please provide the appropriate registration numbers.

7. Other Degrees and Diplomas

This is an optional field. The information provided will assist the College in Workforce planning and refining our Training Curriculum and subject content.

8. Prevocational Medical Education and Training

You must have completed a minimum number of months Prevocational Medical Education and Training (PMET) prior to registering with the College:

- At least 12 months PMET required to apply for the Primary Examination
- At least 24 months PMET to start Approved Training

ANZCA requires an original hospital document or a copy certified by a Justice of the Peace or an equivalent official that confirms required PMET experience. This must include dates of appointments and type of experience.

Number of Months: Please indicate the number of months training completed.

Type of Experience: Indicate the area of training, e.g., Anaesthesia, Intensive Care, Pain Medicine, Clinical Medicine, Emergency.

9. Declaration

The College requires that you sign and date the declaration that the information on the application is true and accurate.

Send the completed form to:

**ANZCA
c/o Records Management
PO Box 6095
ST KILDA ROAD CENTRAL
VIC 8008 AUSTRALIA**

CHECKLIST

The following forms should be attached to your completed Registration Form with all the appropriate signatures:

- Completed ANZCA Registration Form
- One passport-size photograph
- Signed Training Agreement
- Completed Payment Form with payment of AUD\$1,853.00
- A copy of your Birth Certificate or identity page of your current passport.
- A copy of your current Medical Registration. If you are registered in more than one state or country you can submit one or more.
- (If you have changed your name only) A copy of your Marriage Certificate, Change of Name Notice or your Medical Registration indicating a change of name.

Originals or certified copies of these documents are required *

- Certified copy of your Prevocational Medical Education and Training (PMET) on an original hospital document or a copy certified by a Justice of the Peace (JP) or an equivalent official.

Note: 12 months minimum required to register and sit the Primary Examination or 24 months minimum required to begin Approved Training.

- Certified copy (in English) of your qualifying medical degree showing the date of graduation.

For individuals in/or starting Approved Training

- Annual Training Fee Form (ATF)

*** If you are submitting a photocopy of an original document, it must be certified by Justice of the Peace (JP) or an equivalent official and have the following information written on it.**

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