ANZCA
FPM

CHAPTER OF PERIOPERATIVE MEDICINE

ANZCA Course in Perioperative Medicine – withdrawal form

This form is for participants who wish to withdraw from the ANZCA Course in Perioperative Medicine.

Personal details

ANZCA ID: | | | | | | |

Full name _____

Email_____

Current employment (hospital name and location) _____

Current supervisor _____

Withdrawal details

Select the unit(s) of study you would like to withdraw from:

Trimester 1 (February-April)
☐ Unit of study 1; ☐ Unit of study 2.

Trimester 2 (June-August)
☐ Unit of study 3; ☐ Unit of study 4.

Trimester 3 (September-December)
☐ Unit of study 5; ☐ Unit of study 6.

☐ **Full Course**

Reason for withdrawal (optional):

☐ Personal reasons ☐ Health reasons ☐ Financial reasons

☐ Other _____

Declaration

I understand the following:

☐ withdrawal is effective from the date of the submission of this form to periop@anzca.edu.au.

☐ I have read Regulation 45 sections **45.14 Fees** and **45.15 Withdrawal** and understand the implications of withdrawal.

☐ I have notified my supervisor and the POM liaison of my intent to withdraw.

I declare the statements made and the information provided in this withdrawal form are true and complete.

Signature: _____ Date: _____

Please email a copy of your completed form to periop@anzca.edu.au.

For further inquiries, please contact the ANZCA perioperative medicine team via +61 3 9510 6299 or periop@anzca.edu.au. The ANZCA Course in Perioperative Medicine handbook and other documents are available on the ANZCA website.