



# SIMG Annual Fee Form – Admin Only Dual AN&PM

## Personal details

ANZCA ID \_\_\_\_\_  
Family name \_\_\_\_\_  
First name \_\_\_\_\_  
Middle name \_\_\_\_\_

## Contact details

Work address \_\_\_\_\_  
Suburb/ City \_\_\_\_\_  
State \_\_\_\_\_  
Postcode \_\_\_\_\_  
Country \_\_\_\_\_  
Home phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Home email address \_\_\_\_\_

## Hospital position(s)

If you have had a position approved for the CPA period, please list below.

If your position is NOT yet approved, please attach a copy of your position description and leave this section blank.

The link to the model position description is: <http://www.anzca.edu.au/documents/application-for-pd-approval-final.doc>

Hospital	Location	Full/ Part-Time	From	To
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Medical registration**

Please provide a copy of your medical registration in Australia.

Registration number: \_\_\_\_\_

**CPD program**

Please indicate if you would prefer to participate via the online portfolio or on a hardcopy portfolio.

Online       Offline

**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 continuing assessment at any time, and prevent my admission to Fellowship of ANZCA.

I certify that I am currently registered as a medical practitioner with my medical board of Australia willing to provide evidence of compliance with the Continuing Professional Development if requested by the Australian and New Zealand College of Anaesthetists.

Signature \_\_\_\_\_

Date (dd/mm/yyyy) \_\_\_\_\_

**Payment details**

Payment amount      AUD \$2,905.00

Credit card type       Visa       Credit Card

Credit card number     

Expiry date     

Name on card      \_\_\_\_\_

Signature      \_\_\_\_\_

Please send the completed form to [simg@anzca.edu.au](mailto:simg@anzca.edu.au)