ANZCA training program registration form

This form should be completed by doctors in Australia and New Zealand who have secured an ANZCA accredited training position and wish to register for the ANZCA Anaesthesia Training Program.

Personal details (as per photo ID)

College ID | | | | | | *Leave blank if unknown*

Given name _____

Middle name(s) _____

Family name _____

Date of birth _____

Gender identity ☐ M ☐ F ☐ Prefer not to say ☐ Another gender _____

Address _____

Suburb/State/Postcode _____

Country _____

Mobile _____

Email (for ANZCA communications) _____

Aboriginal, Torres Strait Islander, Māori and Pacific identity

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects this information to support workforce planning and monitor the representation of Aboriginal and Torres Strait Islander peoples, Māori and Pacific peoples within the specialist medical workforce. Your response is voluntary.

Do you identify as any of the following?

☐ Aboriginal ☐ Torres Strait Islander ☐ Māori ☐ Pacific Islander

Qualifying medical degree

Degree title _____

Degree abbreviation _____

University _____

Month and year of graduation _____

Medical registration

☐ Ahpra ☐ MCNZ

Registration number _____

Jurisdiction of registration _____

Any restrictions/conditions/voluntary undertakings _____

_____

_____

Prevocational medical education and training (PMET)

Please provide evidence of at least 104 weeks of full-time equivalent (FTE) prevocational medical education and training (PMET). If you provided this evidence when you registered as an ANZCA applicant, you do not need to submit it again and may proceed to the next section.

Please note:

- At least 52 weeks FTE PMET must have been spent gaining broadly-based clinical experience in areas of practice other than clinical anaesthesia, intensive care medicine or pain medicine.
- Up to six weeks leave may be included for each 52 weeks of PMET, including leave dates.
- Supporting documents should be certified copies of the original documents and certified by a justice of the peace or equivalent authorised person.
- If you have worked for more than four employers, attach an additional page containing the same information.

From (date)	To (date)	Employer	Leave (in weeks, include dates)	Evidence attached (must match PMET)
				☐
				☐
				☐
				☐

Please include an appendix if you have worked for more than four employers.

Rotations and placement information (as per supervisor of training endorsement or hospital contract)

Jurisdiction _____

ANZCA rotation name or “independent” if you are not part of a rotation_____

Training site (from commencement of training)	From (date) - must start on Monday	To (date) - must end on Sunday

Please note: your training commencement date may be backdated by a maximum of four weeks, subject to Regulation 37 and ANZCA receiving all required information and supporting documentation. Your approved commencement date will determine the annual training fee that applies. Please refer to the anaesthesia training fees webpage for current fees and payment information.

Part-time applications only

Please refer to page 5 for additional information.

Applying for FTE (<0.5 - 0.9): _____

CICM Trainee only

If you are applying as a dual trainee, please refer to page 5 for additional information.

Member ID | | | | | | |

Name registered with CICM _____

Email address registered with CICM _____

CICM training start date _____

Fees

Information regarding payment options, instalment pricing, payment dates, fees and refunds is available on the Anaesthesia training fees webpage.

You will be invoiced for training fees once your registration has been completed. Please select your preferred payment option for your annual training fee:

☐ Pay annual training fee in full

☐ Pay the annual training fee by instalments (administration fee applies, please refer to Option 2 – Payment in instalments)

Verification by a rotational supervisor or supervisor of training

Registration in the ANZCA Anaesthesia Training Program requires confirmation from an ANZCA supervisor of training (SOT) or rotational supervisor (ROT) that the applicant holds a position approved for ANZCA training. Training cannot commence until ANZCA has received and accepted this verification. The position must provide access to the supervision, clinical experience, assessment processes, education, teaching and quality assurance activities required by the ANZCA program.

The SOT or ROT may complete and sign this section or email their confirmation directly to training@anzca.edu.au.

I can confirm Dr _____

will be employed in a position that meets the applicable requirements of the ANZCA Anaesthesia Training Program.

Name of supervisor [print] _____

Signature _____ Date _____

Applicant Declaration

I declare that:

- The information and supporting documents provided with this application are complete, true and accurate.
- I have read, understood and agree to comply with the ANZCA Training Agreement and the ANZCA Academic Integrity Policy.
- I will notify ANZCA if any material information in this application changes before my registration is finalised.
- I understand that ANZCA may verify information provided in this application where reasonably necessary to assess and administer my registration.

Signature _____ Date _____

Supporting document checklist

The following lists the submission requirements for registrations.

Certified copies must be certified by a justice of the peace or equivalent and must contain the following information:

- The words “Certified true copy of the original document”.
- Date of certification.
- Signature of certifier.
- Name and position of the certifier.

Submission requirements

Completed registration form, including signed declaration of training agreement
A certified copy of the identity page of your passport or driver’s licence (if not already submitted in application)
Certified copies of prevocational medical education and training (PMET). This can be a hospital letter from HR confirming your employment history or hospital contracts listing clinical placements with leave. Please note: Original or certified copies must be posted to the college.
Verification from rotational supervisor or supervisor of training
A certified copy of your marriage certificate, change of name notice or your medical registration indicating a change of name (if applicable)
For part-time trainees, please submit a DPA Assessor Request Form to apply for part-time training with the Director of Professional Affairs (Assessor) to assessor.requests@anzca.edu.au once your registration has been finalised.
For CICM trainees, to complete your dual training registration, please forward the following to dualtraining@anzca.edu.au: - Your employment contract for your proposed ANZCA-accredited training position and/or endorsement from an ANZCA supervisor of training, including the supervisor’s names and signature. - Evidence confirming your current CICM training status via screenshots from your CICM training that clearly show: o Your name o CICM membership number and membership type o Current training status o Completed clinical training time o Workplace competency assessments (WCA) o Objective clinical examination (OCE) o Completed courses

- Ensure that the screenshots display the CICM banner and are current at the date of submission.

Submitting your application

Email your completed registration form and any documents accepted electronically to training@anzca.edu.au.

Where original or certified hard-copy documents are required, post them using a tracked delivery service to:

ANZCA Training - Education Unit
PO Box 6095
Melbourne VIC 3004
Australia

Please post documents with Tracking ID to ensure ANZCA can track your paperwork.

For further information contact training@anzca.edu.au or +61 3 9510 6299.
