



SIMG Annual Fee Form – Admin Only

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 \$1,370.00
Credit card type	<input type="checkbox"/> Visa <input type="checkbox"/> Credit Card
Credit card number	<input type="text"/>
Expiry date	<input type="text"/>
Name on card	<input type="text"/>
Signature	<input type="text"/>

Please send the completed form to simg@anzca.edu.au