



## 2020 ANZCA training program application form

This form should be completed by medical practitioners in Australia and New Zealand who are wanting to become an applicant of the college.

Please note: if you have secured a registered training position in an ANZCA accredited training site, please only complete the [Registration form](#).

### Personal details

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_

Gender                    M            F            Unspecified

Address \_\_\_\_\_

Suburb/State/Postcode \_\_\_\_\_

Country \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

### Indigenous status

ANZCA, in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following?

Aboriginal             Torres Strait Islander             Maori             Pacific Islander

### Qualifying medical degree

Degree title \_\_\_\_\_

Degree abbreviation \_\_\_\_\_

University \_\_\_\_\_

Date of graduation \_\_\_\_\_

**Medical registration**

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

Country \_\_\_\_\_

**Prevocational medical education and training (PMET)**

Please provide evidence for a minimum of 52 weeks of PMET. If you have already completed 104 weeks of PMET, please include in this application.

Please note: Supporting documents should be copy certified by a justice of the peace or equivalent authority. Documents cannot be accepted by email.

From (date)	To (date)	Employer	Leave (in weeks)	Evidence attached
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**Declaration**

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the [ANZCA Applicant Agreement](#).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Payment details**

Please tick to indicate which fee(s) you intend to pay:

- Australia (GST incl.)  \$ A 750.00
- New Zealand (GST incl.)  \$ NZ 845.00

Credit card type:  Visa  Mastercard

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

## Checklist for supporting documents

The following lists the submission requirements for application and registration.

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

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

## Submission requirements

Completed application and payment form (including signed declaration of applicant agreement)

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A certified copy of the identity page or your passport or driver’s license

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Signed Library User Agreement

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Certified copy of your prevocational medical education and training (PMET). Please note: PMET is not accepted by email

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A certified copy of your marriage certificate, change of name notice or your medical registration indicating a change of name (If applicable)

Applicants who are not registered with AHPRA or MCNZ must provide original versions of the following documents or copies certified by a justice of the peace or equivalent authority:

- Birth certificate or the identity page of a current passport.
- Diploma for the primary medical qualification.
- Certificate confirming current medical registration

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Please send your completed form and accompanying documents to the college:

ANZCA Training  
Education Unit  
PO Box 6095  
Melbourne VIC 3004  
Australia

For further information contact [training@anzca.edu.au](mailto:training@anzca.edu.au) or +61 3 9510 6299.

# Library user agreement

This is a user agreement for document supply requests made via email

## Personal Information

First name \_\_\_\_\_

Surname \_\_\_\_\_

Email \_\_\_\_\_

## Declaration

Agrees with the Library that:

- All copies requested by me under this agreement are required for the purpose of research or study, will not be used for any other purpose, and have not previously been supplied to me by the library.
- The declaration in clause 1 applies to all requests made by me in accordance with clause 5.
- The library may treat as signed by me any e-mail request and declaration made under subsection 49(1) of the copyright act 1968 that records that it was sent from my email address.
- I understand that it is an offence under section 203F of the Act to make a declaration under section 49 that I know, or ought reasonably to know, is false or misleading in a material particular, and I will not allow any requests to be signed in a manner provided under clause 3 (above) without my authority.
- All e-mail requests and declarations must include at least the following declaration as well as the requestor's college ID:

This request is made pursuant to my user agreement with the Library – Australian and New Zealand college of Anaesthetists.

I declare that any copy requested is required for the purpose of research or study, will not be used for any other purpose, and has not previously been supplied to me by the library.

Signature \_\_\_\_\_ Date \_\_\_\_\_