

Registration for Rural Generalist Anaesthesia Training Program

This form is to be used by **fellows** of ACRRM and / or RACGP to register for the Rural Generalist Anaesthesia (RGA) training program. Prior to registration, applicants must:

- Have obtained a position approved for rural generalist anaesthesia training; and
- Have completed an accredited Advanced Life Support 2 (ALS-2) course within 52 calendar weeks prior to commencing the rural generalist anaesthesia training program

Please note, if you are a current **trainee of ACRRM and / or RACGP**, your primary college will contact ANZCA with your registration. Please do not complete this form.

Personal details

ANZCA ID (if already a member of ANZCA)

First name _____

Middle name _____

Surname _____

Date of birth _____

Gender identity M F prefer not to say another gender _____

Address _____

Suburb/State/Postcode _____

Country _____

Mobile _____

Email _____

Primary fellowship ACRRM RACGP Primary college ID _____

Medical registration _____

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

Training placement

Training site _____

Start date _____ End date _____

Supporting documentation

The following documents should be attached to your completed registration form

A certified copy of the birth certificate, the identity page of a current passport or drivers' licence

Confirmation of dates of appointment and date of commencing a position in an accredited training site which may take the form of a:

- Letter on a hospital letterhead and signed by an appropriate authorised individual.
- Copy of your employment contact.

Evidence of completion an accredited Advanced Life Support 2 (ALS-2) course within 52 weeks prior to commencing diploma of rural generalist anaesthesia training

Declaration of trainee

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the [RGA Trainee Agreement](#). I understand that my primary college may be contacted to confirm fellowship status

Signature _____ Date _____

Payment details

Refer to the [ANZCA website](#) for current training RGA Training fees:

Payment amount _____

Credit card type: Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

Please email a copy of your completed form along with supporting documents to drqa@anzca.edu.au

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