

ANZCA training program registration form

This form should be completed by doctors in Australia and New Zealand who have secured a registered training position and are wishing to register as a trainee with ANZCA.

Personal details (as per photo ID)

College ID

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Leave blank if unknown

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 (for college communications) _____

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 ☐ Māori ☐ Pacific Islander

Qualifying medical degree

Degree title _____

Degree abbreviation _____

University _____

Month and year of graduation _____

Medical registration

☐ Ahpra
☐ MCNZ

Registration number

Country

Any restrictions /conditions/voluntary undertakings

Prevocational medical education and training (PMET)

Please provide evidence for a minimum of 104 weeks of PMET. If you have already provided this when you registered as an ANZCA applicant, please skip to the next question.

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 copy certified by a justice of the peace or equivalent authority.

Table with 5 columns: From (date), To (date), Employer, Leave (in weeks, include dates), Evidence attached (must match PMET). It contains 5 empty rows for data entry.

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 _____

Name of ANZCA rotation or “independent” _____

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

Please note: Commencement of training can only be backdated up to four weeks (as per regulation 37) and upon receipt of all required documents. Your start date will determine the applicable annual training fee. Please refer to the latest fee [here](#).

Part-time applications only

Applying for FTE (<0.5 - 0.9): _____

Verification from rotational supervisor or supervisor of training

In order to achieve registration, an ANZCA supervisor of training (SOT) or rotational supervisor (ROT) must formally verify that you are in a post which complies with all the requirements for training ANZCA trainees. Training will not be able to commence without verification from an ANZCA SOT or ROT. These requirements include, but are not necessarily limited to, appropriate levels of supervision, a suitable mix of cases including acute emergency cases, all the required ANZCA assessment processes, and comprehensive access to all the relevant educational, teaching and quality assurance programs within the department.

The rotational supervisor or supervisor of training may sign this form or confirm via email to training@anzca.edu.au.

I can confirm Dr _____
will be working in a post which complies with all the requirements for training ANZCA trainees.

Name of supervisor [print] _____

Signature _____ Date _____

Declaration

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

Signature _____ Date _____

Checklist for supporting documents

The following lists the submission requirements for registrations.

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 registration and payment 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 or hospital contract listing accredited ANZCA training site and employed as a vocational trainee i.e. registrar.

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)

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

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.