



Admission to fellowship by completion of the ANZCA vocation training program

To the Chief Executive Officer, I _____
(Please **PRINT** name as you would like it to appear on your certificate)

of _____

_____ Date of birth _____

College ID

| | | | | |
|--|--|--|--|--|
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|--|--|--|--|--|

Please attach your Ahpra or MCNZ registration certificate

Having completed all training requirements, I hereby apply for admission to fellowship of the Australian and New Zealand College of Anaesthetists under the provisions of regulation 6.3.

I certify that:

I have no illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, perioperative medicine and pain medicine.

OR

- ☐ I have informed the college of any illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, perioperative medicine and pain medicine, and I am receiving appropriate medical care.
- a) I have current medical registration and agree to notify the college if my medical registration is withdrawn or suspended, or conditions, including voluntary, are placed on my medical registration.
- b) I undertake to notify the college if I develop an illness or disability that would preclude the safe practice of anaesthesia, perioperative medicine and pain medicine, including dependence on or inappropriate use of alcohol or recreational and / or non-prescribed drugs, and / or treatment with prescribed drugs likely to compromise the safe practice of anaesthesia, perioperative medicine and pain medicine.
- c) I acknowledge that any condition which could preclude the safe practice of anaesthesia, perioperative medicine and pain medicine, including personal drug or chemical dependence, may prevent my admission to fellowship.
- d) I agree that all communications made by the council of the college or any of its officers, and all answers made and all communications of every kind in relation to this my application for admission to fellowship of the college shall for all purposes be absolutely privileged.

Signature _____ Date _____

Applicants submitting an application in advance of completing the time requirement (within four weeks) must provide confirmation from his or her supervisor of training that he or she will remain in training until the anticipated completion date.

Supervisor of training: I confirm the trainee will remain in their current post until the anticipated training completion date and agree to notify the college of any changes.

Anticipated completion date: _____

Supervisor name _____

Signature _____ Date _____

Please forward completed forms to training@anzca.edu.au

Fellowship Pledge

I hereby pledge myself as a condition of fellowship of the Australian and New Zealand College of Anaesthetists to comply with all regulations of the college.

Applicant

Full name _____

Signature: _____ Date: _____

Witness

Name: _____

Signature: _____ Date: _____

ANZCA, in association with the council of the presidents of the medical colleges, is collecting workforce data to ascertain the numbers of indigenous fellows and trainees working in Australia and New Zealand. The following questions are voluntary.

Do you identify as any of the following? If so, please select one or more categories as appropriate, and indicate your current country of residence.

Aboriginal

Torres Strait Islander

Māori

Pacific Islander

Current country of residence: _____

Privacy Act 1988 – Collection statement

The Australian and New Zealand College of Anaesthetists collects and holds information provided by you for the purpose of administering your fellowship of the college.

Your details may be used by the college to send you mailings containing information relating to the college, anaesthesia practice and continuing professional development.

Please indicate whether you wish to receive periodic mailings from the college. ☐ Yes ☐ No

If we do not hear from you, the college will assume that you would like to receive college mail outs.

The information collected and held cannot be disclosed to third parties except as required by law. If you wish at any time to request access to the information you have provided, you may contact the college's privacy officer.

ANZCA House
630 St Kilda Road
MELBOURNE VIC 3004

Australian and New Zealand College of Anaesthetists

Medical Practitioner Information

This advice is used by Australian citizens and permanent residents of Australia. Temporary residents (including New Zealand citizens) will need to make a written application to Medicare Australia (form available on Medicare Australia's website: www.medicareaustralia.gov.au)

| | |
|---|--|
| Full Name of Medical Practitioner | |
| Date of Birth | |
| Current Australian Address | |
| Medical Registration Number (must have current medical registration) | |
| Provider Number issued by Medicare Australia | |

Signature of Medical Practitioner:

FOR OFFICE USE ONLY

From the information above, I advise that the medical practitioner listed meets the criteria for specialist recognition in accordance with section 3D of the *Health Insurance Act 1973* and is eligible to be recognised as a specialist in **Anaesthesia**.

Date the specified qualification for the specialty was awarded: _____

Name: _____

Signature: _____