

Chapter of Perioperative Medicine

ANZCA Course in Perioperative Medicine – registration form

This form is for new applicants registering for the [ANZCA Course in Perioperative Medicine](#).

Please note the following requirements prior to registering:

- Current specialist registration* with the Australian Health Practitioner Regulation Agency (AHPRA), if participating in Australia.

or

- Current specialist medical registration* with the Medical Council of New Zealand (MCNZ) if participating in New Zealand.

AND

For fellows:

- Hold a fellowship with one of the participating colleges**

For specialist trainees:

- Completion of fellowship examinations with one of the participating colleges** AND be within 12 months (full-time equivalent) of expected completion of primary fellowship.

* Your registration must be unconditional in Australia or New Zealand. (Please refer to the supporting document section for the list of medical specialist colleges and the required document)

** The list of colleges are available on the [website](#)

Part 1 – Applicant information

The following information will be used to assess your eligibility for course enrolment. Registration will commence once you are deemed eligible to enrol.

Registration is for:

Trimester 1 (February-April)

☐ Unit of study 1; ☐ Unit of study 2.

Trimester 2 (June-August)

☐ Unit of study 3; ☐ Unit of study 4.

Trimester 3 (September-December)

☐ Unit of study 5; ☐ Unit of study 6.

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Personal details

AHPRA/MCNZ registration number: _____

Primary college: ☐ ANZCA; ☐ ACRRM; ☐ CICM; ☐ RACP; ☐ RACS; ☐ RACGP; ☐ RNZCGP

Training status: ☐ Fellow; ☐ Trainee

If you are a trainee, please provide an estimated date of admission to fellowship: _____

ANZCA ID*:

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Please note: Once accepted onto the course, you will be assigned an ANZCA ID if you do not have one.

First name _____

Middle name(s) _____

Surname _____

Date of birth

D	D	M	M	Y	Y	Y	Y
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Gender identity ☐ M; ☐ F; ☐ Prefer not to say; ☐ Other: _____

Address _____

Suburb/State/Postcode _____

Country _____

Phone no. _____

Email _____

Current employment (hospital name and location)

You are required to submit a letter of support from Head of Department of an [affiliated hospital](#) and that includes confirmation of the availability of a clinical immersion placement for the required trimester.

Each affiliated hospital has a clinical immersion co-ordinator who will approve availability of the clinical immersion in their facility. Please contact periop@anzca.edu.au if you require the name of your clinical immersion co-ordinator.

Clinical immersion co-ordinator (name, title, and email address):

☐ Approval given



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ANZCA, in association with the Council of Presidents of Medical Colleges in Australia and the Council of Medical Colleges in New Zealand, 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

Do you require any support services or adaptations to enable you to fully participate in this course?

- ☐ Yes ☐ No

If yes, please provide details:

Supporting documentation

Please include the following documentation with the registration form: -

Document 1:

- ☐ A copy of AHPRA/MCNZ registration certificate.

Document 2:

- ☐ Certified copy of fellowship(s) certificate(s) from one of the following specialist medical colleges:
- ☐ Australasian College of Anaesthetists (ANZCA).
 - ☐ Australian College of Rural and Remote Medicine (ACRRM).
 - ☐ College of Intensive Care Medicine (CICM).
 - ☐ Royal Australasian College of Physicians (RACP).
 - ☐ Royal Australasian College of Surgeons (RACS).
 - ☐ Royal Australian College of General Practitioners (RACGP).
 - ☐ Royal New Zealand College of General Practitioners (RNZCGP).

Or

- ☐ Evidence of satisfactory completion of fellowship examinations.
- ☐ Evidence of being within 12 months (full-time equivalent) of expected completion of primary college fellowship.

Document 3:

- ☐ Letter of support from your head of department or equivalent, including confirmation of the clinical immersion placement.

Document 4:

- ☐ A copy of latest resume.



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Declaration

I declare that:

The statements made and the information provided in this registration form and the attached documents are true and complete.

I have current AHPRA or MCNZ registration and agree to notify the college if my registration is withdrawn or suspended, or conditions or restrictions are imposed that limit my unconditional registration in Australia or New Zealand.

Signature: _____ Date: _____

Part 2 – Payment

The ANZCA perioperative medicine team will contact you regarding payment details once your eligibility is confirmed.

For one unit of study:

AUD \$2,475 (GST inclusive) = AUD \$225 (registration fee) + AUD \$2,250 (unit of study fee)

NZD \$3,055 (GST inclusive) = NZD \$260 (registration fee) + NZD \$2,795 (unit of study fee)

For two units of study:

AUD \$4,725 (GST inclusive) = AUD \$225 (registration fee) + AUD \$4,500 (unit of study fee)

NZD \$5,850 (GST inclusive) = NZD \$260 (registration fee) + NZD \$5,590 (unit of study fee)

Please email a copy of your completed form and the supporting documents to periop@anzca.edu.au.

For further inquiries, please contact the ANZCA perioperative medicine team via +61 3 9510 6299 or periop@anzca.edu.au. The ANZCA Course in Perioperative Medicine handbook and other documents are available on the [ANZCA website](http://anzca.org.au).

