



## 2025 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

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 \_\_\_\_\_

### 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 104 weeks of PMET. If you have already provided this information, please skip to 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.

Supporting documents should be copy certified by a justice of the peace or equivalent authority.

Please note: Original or certified copies must be posted to the college.

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

**Rotations and placement information**

Jurisdiction \_\_\_\_\_

Name of ANZCA rotation or “independent” \_\_\_\_\_

Training site (from commencement of training)	From (date)	To (date)

## 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](mailto: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 \_\_\_\_\_

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](#).

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

## Payment details

Please tick to indicate which fee(s) you intend to pay. Once your application is processed you will receive a secure payment link via email.

	Australia	New Zealand (GST incl.)
<b>Application and Registration fees</b>	\$A 3690.00 (GST incl.)	\$NZ 4530.00
<b>Registration fee</b> (if already an ANZCA applicant)	\$A 2820.00	\$NZ 3540.00

## Annual training fee – Please select the month you will start training

<b>January 2025</b>	\$A 3815.00	\$NZ 4790.00
<b>February 2025</b>	\$A 3497.08	\$NZ 4390.83
<b>March 2025</b>	\$A 3179.17	\$NZ 3991.67
<b>April 2025</b>	\$A 2861.25	\$NZ 3592.50
<b>May 2025</b>	\$A 2543.33	\$NZ 3193.33
<b>June 2025</b>	\$A 2225.42	\$NZ 2794.17
<b>July 2025</b>	\$A 1907.50	\$NZ 2395.00
<b>August 2025</b>	\$A 1589.58	\$NZ 1995.83
<b>September 2025</b>	\$A 1271.67	\$NZ 1596.67
<b>October 2025</b>	\$A 953.75	\$NZ 1197.50
<b>November 2025</b>	\$A 635.83	\$NZ 798.33
<b>December 2025</b>	\$A 317.92	\$NZ 399.17

## 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

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Completed registration and payment form (including signed declaration of training agreement)

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A certified copy of the identity page or your passport or driver’s license (if not already submitted in application)

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Certified copies of prevocational medical education and training (PMET).  
Please note: Original or certified copies must be posted to the college

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Verification from rotational supervisor or supervisor of training.

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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)

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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.