



2024 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.

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:

	Australia	New Zealand (GST incl.)
Application and Registration fees	\$A 3585.00 (GST incl.)	\$NZ 4400.00
Registration fee ((if already an ANZCA applicant)	\$A 2740.00	\$NZ 3435.00

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

January 2024	\$A 3705.00	\$NZ 4650.00
February 2024	\$A 3396.25	\$NZ 4262.50
March 2024	\$A 3087.50	\$NZ 3875.00
April 2024	\$A 2778.75	\$NZ 3487.50
May 2024	\$A 2470.00	\$NZ 3100.00
June 2024	\$A 2161.25	\$NZ 2712.50
July 2024	\$A 1852.50	\$NZ 2325.00
August 2024	\$A 1543.75	\$NZ 1937.50
September 2024	\$A 1235.00	\$NZ 1550.00
October 2024	\$A 926.25	\$NZ 1162.50
November 2024	\$A 617.50	\$NZ 775.00
December 2024	\$A 308.75	\$NZ 387.50

Credit card type: Visa Mastercard Please note, Amex is not accepted.

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

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 or your passport or driver’s license (if not already submitted in application)

Certified copies of prevocational medical education and training (PMET).
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

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