

Application for admission to fellowship of the Faculty of Pain Medicine via completion of the Specialist international medical graduate pathway

Following completion of all requirements of the Specialist International Medical Graduate (SIMG) process, the applicant may apply for admission to fellowship of the faculty.

Personal details

College ID

First name _____

Surname _____

Medical registration number _____

Speciality areas:

Declaration

To the Executive Director, FPM

I have completed all requirements so I hereby apply for admission to fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists under the provisions of by-law 3.4. I certify that:

I have no illness or disability that would preclude the safe practice of 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 pain medicine. Or I have informed the faculty of any illness or disability that would preclude the safe practice of 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 pain medicine, and I am receiving appropriate medical care. I undertake to notify the faculty if I develop an illness or disability that would preclude the safe practice of 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 pain medicine. I acknowledge that any condition which could preclude the safe practice of pain medicine, including personal drug or chemical dependence, may prevent my admission to fellowship. I agree that all communications made by the Faculty Board 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 Faculty of Pain Medicine, ANZCA shall for all purposes be absolutely privileged.

Signature _____

Date _____

Indigenous status

FPM, 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? If so, please select one or more categories as appropriate.

- Aboriginal
- Torres Strait Islander
- Māori
- Pacific Islander

Residency status

Are you a permanent resident in Australia or New Zealand?

- Yes
- No

Please provide evidence or a signed statement of your residency status or that you have or will apply within the next twelve months for residency in Australia or New Zealand.

Privacy Act 1988 – Collection statement

The Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists collects and holds information provided by you for the purpose of administering your fellowship of the faculty. Your details may be used by the faculty to send you mailings containing information relating to the college, pain medicine practice and continuing professional development.

Please tick the box if you **do not** wish to receive periodic mailings from the college:

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:

Policy and Commination, Director
 ANZCA House
 630 St Kilda Road
 MELBOURNE VIC 3004

Please send the completed form to fpm@anzca.edu.au or mail it to:

Faculty of Pain Medicine
PO Box 6095
St Kilda Road Central, VIC 8008
Australia