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Diving and hyperbaric medicine registration form

This form is to be used by medical practitioners to apply for diving and hyperbaric medicine (DHM) training in Australia and New Zealand. Application can be made at any time, but must be submitted to the college within four weeks of starting DHM training at an ANZCA-accredited unit.

Personal details

College ID | | | | | | (if already a member of the college)

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

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Supporting documentation

The following documents should be attached to your completed registration form (except where such information is already held on file by ANZCA):

- ☐ A certified copy of the birth certificate or the identity page of a current passport.
- ☐ A current, standard passport photograph, signed on the reverse side.
- ☐ Formal confirmation of dates of appointment and date of commencing a position in an accredited unit, on hospital letterhead and signed by an appropriate authorised individual. Email confirmation is not accepted.
- ☐ Documentation confirming training prerequisites, either:

  A certified copy of the diploma for the prerequisite specialist qualification.

  An original letter on formal letterhead from the relevant college or other training institution confirming that the applicant is in the final 104 weeks (full time equivalent) of training for award of the pre-requisite specialist qualification (link regulation 36.7).

  If your name has changed and is different from the name on either of the above documents, you must provide a certified copy of a name change, or marriage certificate.

Please note: 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"
- Date of certification
- Signature of certifier
- Name and position of the certifier

Specialist qualification

Name of specialist college or training body _____

If you have completed, or are working towards specialist qualification other than the following: FANZCA, FACEM, FCICM, FRACP, FRACGP, FRNZCGP, FACRRM, please provide the following:

Speciality _____ Country _____

Medical registration _____

Training placement

Training site _____

Start date _____ End date _____

Declaration of trainee

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the DHM Trainee Agreement.

Signature _____ Date _____

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Payment details

Refer to the ANZCA website for current training DHM Training fees:

Payment amount _____

Credit card type: ☐ Visa ☐ Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

_____

Please send your completed form to the college:

ANZCA DHM Training
Education Unit
PO Box 6095
Melbourne VIC 3004
Australia

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