

## Registration for Rural Generalist Anaesthesia Training Program

This form is to be used by **fellows** of ACRRM and / or RACGP to register for the Rural Generalist Anaesthesia (RGA) training program. Prior to registration, applicants must:

- Have obtained a position approved for rural generalist anaesthesia training; and
- Have completed an accredited Advanced Life Support 2 (ALS-2) course within 52 calendar weeks prior to commencing the rural generalist anaesthesia training program

Please note, if you are a current **trainee of ACRRM and / or RACGP**, your primary college will contact ANZCA with your registration. Please do not complete this form.

### Personal details

ANZCA ID      (if already a member of ANZCA)

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 \_\_\_\_\_

Primary fellowship    ACRRM    RACGP    Primary college ID \_\_\_\_\_

Medical registration \_\_\_\_\_

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

## Training placement

Training site \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

## Supporting documentation

The following documents should be attached to your completed registration form

A certified copy of the birth certificate, the identity page of a current passport or drivers' licence

Confirmation your current fellowship status from your primary college

Confirmation of dates of appointment and date of commencing a position in an accredited training site which may take the form of a:

- Letter on a hospital letterhead and signed by an appropriate authorised individual.
- Copy of your employment contract.

Evidence of completion an accredited Advanced Life Support 2 (ALS-2) course within 52 weeks prior to commencing rural generalist anaesthesia training

## Declaration of trainee

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the [RGA Trainee Agreement](#). I understand that my primary college may be contacted to confirm fellowship status.

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

## Payment details

Refer to the [ANZCA website](#) for current RGA Training fees. You are required to pay the registration and training fees at the time of registration.

Payment amount \_\_\_\_\_

Credit card type:                      Visa                      Mastercard

Credit card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Name on card \_\_\_\_\_

Signature \_\_\_\_\_

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Please email a copy of your completed form along with supporting documents to [rga@anzca.edu.au](mailto:rga@anzca.edu.au) and post a copy to:

For further information contact [rga@anzca.edu.au](mailto:rga@anzca.edu.au) or +61 3 9510 6299