



# 2025 ANZCA training program application form

This form should be completed by medical practitioners in Australia and New Zealand who are wanting to become an applicant of the college.

Please note: if you have secured a registered training position in an ANZCA accredited training site, please only complete the [Registration form](#).

## Personal details

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 52 weeks of PMET. If you have already completed 104 weeks of PMET, please include in this application.

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"/>

### Declaration

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the [ANZCA Applicant 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 (GST incl.)  \$A 870.00
- New Zealand (GST incl.)  \$NZ 990.00

## Checklist for supporting documents

The following lists the submission requirements for application and registration.

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 application and payment form (including signed declaration of applicant agreement)

---

A certified copy of the identity page or your passport or driver’s license

---

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

---

A certified copy of your marriage certificate, change of name notice or your medical registration indicating a change of name (If applicable)

Applicants who are not registered with AHPRA or MCNZ must provide original versions of the following documents or copies certified by a justice of the peace or equivalent authority:

- Birth certificate or the identity page of a current passport.
- Diploma for the primary medical qualification.
- Certificate confirming current medical registration

---

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.