RGA

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 a current Advanced Life Support 2 (ALS-2) certification

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 det	ails											
ANZCA ID				(if a	lready a m	ember	of ANZCA	\)				
First name												
Middle name												
Surname												
Date of birth								<u> </u>				
Gender identity	Ν	ЛF	=	prefer r	not to sa	у	anoth	ier gende	er			
Address												
Suburb/State/Po	stcod	e										
Country												
Mobile												
Email												
Primary fellowsh	ip	ACF	RRM	RA	ACGP		Prima	ary colleg	ge ID			
Medical registrat	ion _											
ANZCA, in asso data to ascertain Zealand. The foll	the n	umbers	s of Indi	genous	fellows a							rce
Do you identify a	is any	of the f	followin	g?								
Aboriginal			Torres	Strait Is	lander		Maori			Pacific	Islander	
			3	A	NZC	А		Australia	an Colle	ge	8 8 5	RA

FPM

of Rural & Remote

Medicine

Royal Australian College of General Practitioners

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 driver's 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 current Advanced Life Support 2 (ALS-2) certification.

Declaration of trainee

I declare that the statements made in this application are true and accurate. I accept the rights and responsibilities in the <u>RGA Trainee Agreement</u>. I understand that my primary college may be contacted to confirm fellowship status.

Signature Date

Payment details

Refer to the <u>ANZCA website</u> for current RGA Training fees. You will receive invoice once your application is processed in 5-10 business days. Please email a copy of your completed form along with supporting documents to rga@anzca.edu.au.

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