

CONTINUING PROFESSIONAL DEVELOPMENT Enrolment application form



FOR MEDICAL PRACTITIONERS WHO ARE NOT FELLOWS OF THE RANZCP

1. Personal Details

Professor: <input type="checkbox"/>	Doctor: <input type="checkbox"/>	Other:	Civil Honors:
Family name:		Given Name(s):	

2. Current preferred postal address

Organisation:			
Building:		Number & Street:	
Suburb/Town:		State:	
Postcode:		Country:	

3. Contact Details

Work Telephone:	Mobile:	Work Facsimile:
E-mail:		

3a. Date of Birth	3b. Year of arrival in Australia/ New Zealand	3c. Gender
/ /		

Write dates as dd/mm/yyyy

4. College Details

Please indicate your status within the College

College Affiliate, New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
RANZCP Fellow?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5. Qualifications

5.1 Basic medical qualifications:

Degree Name:	Awarding Institutions:	Country:	Year obtained:

5.2 Medical Registrations

Please list below all current medical registrations (including specialist registration)

State	Country

5.3 Specialist Psychiatry Qualifications

Please list below all current medical registrations (including specialist registration)

Degree/Diploma:	Awarding Institutions:	Country:	Year obtained:

2019 CPD Enrolment fees
\$AUD / NZD 2,098 INCLUDING GST

To pay by credit card, please complete the details below:

CARD TYPE: **VISA** **MASTERCARD**

CARD NUMBER: **EXPIRY DATE:** /

CARD HOLDER'S NAME (as appears on the card):

Total amount \$2,098 AUD NZD

I authorise the Royal Australian and New Zealand College of Psychiatrists to debit my credit card with the above amount.

Signature:

Please return form

by email to cpdhelp@ranzcp.org

by fax to: **ATTENTION: CPD Administration, Fax + 61 3 9642 5652**

To pay by cheque or money order, please forward to:

CPD Administration, 309 La Trobe Street, Melbourne VIC 3000, Australia.

You will receive a tax receipt and further information about the CPD program when the payment has been processed.