

# CONTINUING PROFESSIONAL DEVELOPMENT CPD Enrolment Application Form



## FOR MEDICAL PRACTITIONERS WHO ARE NOT FELLOWS OR TRAINEES OF THE RANZCP

RANZCP Trainees are automatically enrolled in the RANZCP CPD program following completion of the RANZCP Training program and subsequent admission to Fellowship.

### 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?	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:

**2021 CPD Enrolment Fees**  
**\$AUD / NZD 2,125 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: \$2,125**  **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](mailto: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.