

RANZCP AUSTRALIAN AFFILIATE MEMBERSHIP APPLICATION FORM

This application form is to be completed personally by the applicant.

PERSONAL DETAILS

Title.....
 Last Name.....
 First Name.....
 Middle Name/s.....
 Home Address.....
 Suburb.....Post Code.....
 State.....Country.....
 Daytime Phone.....
 Mobile.....Fax.....
 Email.....
 Date of Birth..... Male Female

Are you currently registered as an exemption candidate with the RANZCP?

Sub-specialty (if any).....

Please indicate if you are of Aboriginal, Torres Strait Islander or Maori origin:

Aboriginal
 Torres Strait Islander
 Maori

CURRENT PRACTICE DETAILS

Are you currently registered and working as a specialist? Yes No

Employer.....
 Practice Name.....
 Position Held.....
 Practice Address.....
 Suburb
 State.....Country.....
 Phone.....Fax.....

SELECT PREFERRED MAILING ADDRESS

Personal Practice

WHAT IS YOUR SPECIALIST QUALIFICATION CURRENTLY REGISTERABLE IN AUSTRALIA?

.....
.....

OTHER QUALIFICATIONS

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.....

PROPOSED BY _____ Fellow Affiliate Member
(Please print clearly)

Signature _____ Date _____

SECONDED BY _____ Fellow Affiliate Member
(Please print clearly)

Signature _____ Date _____

** Please note that at least one of the proposer / seconder must be an RANZCP Fellow.*

DECLARATION

I am not currently subject to any investigation into my clinical practice as a result of a complaint, or for any other reason, in Australia or any other country.

I solemnly affirm that, if accepted as an Affiliate Member of the Royal Australian and New Zealand College of Psychiatrists, I shall promote the objects of this College to the best of my ability. I admit that I am bound by the Constitution of this College and the By-laws for the time being in force. I promise to obey these, and regulations made there under, in spirit as well as in the letter, submitting myself to the lawful authority of the General Council. I pledge myself, in the practice of Psychiatry, ever to have regard to the highest standards of professional service to patients and to the honour of the College.

If I am found in breach of the College code of conduct or code of ethics, my Affiliate status may be withdrawn without reimbursement of fees.

Signature: _____ Date: _____

Please return the form, along with your current CV, qualifications and supporting documentation confirming your current employment as a specialist and/or status as an exemption candidate, to:

The Manager, Membership Services
Royal Australian and New Zealand College of Psychiatrists
309 La Trobe Street
Melbourne, Victoria 3000

Telephone: 1800 337 448 (toll-free within Australia)

Email: otp@ranzcp.org