

# RANZCP Australian Affiliate Membership

## Application Form



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

### Personal Details

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

Are you currently registered as an exemption candidate with the RANZCP?  Yes  No

Subspecialty (if any).....

Please indicate if you are of Aboriginal and/or Māori and/or Pasifika and/or Torres Strait Islander of origin:

Aboriginal  Māori  Pasifika  Torres Strait Islander

### Current Practice Details

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

Employer.....  
Practice Name.....  
Position Held.....  
Practice Address.....  
Suburb..... Post Code.....  
State..... Country.....  
Phone.....

What is your specialist qualification currently registerable in Australia? .....

Other qualifications .....

.....

Proposed by \_\_\_\_\_ (Please print clearly)

Fellow  Affiliate Member

Signature \_\_\_\_\_ Date \_\_\_\_\_

Seconded by \_\_\_\_\_ (Please print clearly)

Fellow  Affiliate Member

Signature \_\_\_\_\_ Date \_\_\_\_\_

*\* Please note that at least one of the proposer/seconded 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 Board. 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If I am found in breach of the College code of conduct or code of ethics, my Affiliate status may be withdrawn without reimbursement of fees.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:*

RANZCP Membership Services

**membership@ranzcp.org**

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