

## NEW ZEALAND AFFILIATE MEMBERSHIP APPLICATION FORM

*This application form is to be completed personally by the applicant. Details should be typewritten or printed clearly.*

### APPLICANT DETAILS

Last Name: .....

First Name: .....

Middle Name/s: .....

Preferred Postal Address: .....

City: ..... Postcode: .....

Home Phone: ..... Mobile: .....

E-mail: .....

Date of Birth: .....

Man  Woman

Non-binary / gender diverse

My gender isn't listed, I identify as: .....

Prefer not to say

Employer: .....

Work Phone: .....

**PROPOSED BY** *(Please print clearly)* \_\_\_\_\_

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

**SECONDED BY** *(Please print clearly)* \_\_\_\_\_

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

**\* Please note that either the proposer or the seconder must be a RANZCP Fellow.**

Please indicate if you are of Aboriginal, Torres Strait Islander, Māori or Pasifika origin

Aboriginal  Torres Strait Islander  Māori  Pasifika

### DECLARATION

I am currently a Vocationally Registered Psychiatrist (Specialist Psychiatrist) working in New Zealand. I understand that my Affiliateship to the RANZCP will be effective only whilst I remain resident in New Zealand. I am not currently, or likely to be, subject to any investigation into my clinical practice as a result of a complaint, or for any other reason, in New Zealand or any other country.

I solemnly affirm that, if accepted as an Affiliate in New Zealand of The Royal Australian and New Zealand College 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If I am found in breach of the College code of conduct or code of ethics, my Affiliate status may be withdrawn without reimbursement of fees.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the form, along with your current CV to:**

The Royal Australian and New Zealand College of Psychiatrists, Box 10669; Wellington 6143; New Zealand  
Telephone: +64 4472 7247 Email: [nzoffice@ranzcp.org](mailto:nzoffice@ranzcp.org)