

Application to Register

The Royal Australian and New Zealand College of Psychiatrists ('RANZCP') is committed to ensuring that psychiatric training is undertaken in an appropriate environment and that trainees understand their rights and duties as members of the RANZCP Fellowship Program. The RANZCP understands the importance of conducting its Fellowship Program in a manner which ensures transparency and accountability of process, assessments and decisions and achieves the required educational standards.

Personal Details

Full Name

Preferred Name

Date of Birth Gender

Address

Personal Business

Contact number/s

Email

Qualifications

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The following information will assist with the RANZCP commitment to increase meaningful engagement with Aboriginal, Torres Strait Islander, and Maori peoples and to help work towards improving the health and wellbeing of Aboriginal, Torres Strait Islander and Maori peoples as part of the RANZCP Reconciliation Action Plan.

Are you of Aboriginal, Torres Strait Islander origin or Maori descent?

- | | |
|--|--|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes, Torres Strait Islander |
| <input type="checkbox"/> Yes, Aboriginal | <input type="checkbox"/> Yes, Maori |

Training Details

Training Program

Training Start Date

Name of Director of Training

Signature of Director of Training

Registration Details

State/ New Zealand Registration Number.....

Type (general, restrictions, conditions or limitations) ¹

¹In the case of special conditions, limitations, notations, undertakings or provisional requirements imposed on an applicant's registration, the Committee for Training (CFT) will review the information provided, on a case-by-case basis, to determine the applicant's suitability for training.

Annual Practising Certificate (or similar) has been attached with this application

Next of Kin (optional)

Name

Contact Number

Relationship