

CONTINUING PROFESSIONAL DEVELOPMENT CPD Home Enrolment Application Form – 2026

For Doctors who are not Fellows, Affiliates or Trainees of the RANZCP



The Royal
Australian &
New Zealand
College of
Psychiatrists



1. Personal Details

Prefix:
Family Name(s):
Given Name(s):

2. Current preferred postal address

Job Title:
Organisation
Building:
Number and Street:
Suburb / Town:
State:
Postcode:
Country:

3. Contact Details

Work Telephone:	Mobile:
Email:	

Date of Birth:	Year of arrival in Australia / Aotearoa NZ:
Gender:	

4. Details of any previous association with the RANZCP

Please indicate if you have had any previous association with the College, such as a CPD enrolment.

Membership Type:
RANZCP ID (if known):

5. Qualifications

5.1 Basic medical qualifications:

Degree Name:	Awarding Institutions:	Country:	Year obtained:

5.2 Medical Registration Numbers – including Australia and / or Aotearoa New Zealand

Please list below all current medical registrations (including specialist registration)

State	Country	Registration number

5.3 Specialist Psychiatry Qualifications

Please list below all current medical registrations (including specialist registration)

Degree / Diploma	Awarding Institutions	Country	Year obtained

2026 CPD Enrolment Fees

\$AUD / NZD 2618* INCLUDING GST

Please do not include any payment details on this form. You will be contacted by the College regarding payment.

**Pro-rata fees are available for those joining part way through the calendar year, noting that if registration is for the full calendar year, 50 hours of CPD and the full annual fee will be applicable. Please contact the team if you have any questions via cpdhelp@ranzcp.org*

Application process:

- Completed form received by the CPD Team at the College via cpdhelp@ranzcp.org – note that forms from previous years cannot be accepted.
- Payment method details will then be forwarded to the applicant by reply email.
- Enrolment is activated on confirmation of payment.
- Applicant is informed of enrolment via email – including a tax receipt and further information about the CPD program.

Please return form:

By email to cpdhelp@ranzcp.org

By fax to: **ATTENTION: CPD Administration, Fax + 61 3 9642 5652**