

Specialist International Medical Graduate (SIMG)

2026 Application for Fellowship



Section 1: Personal details

Given names			
Surname			
RANZCP ID		Medical Registration number	
Full residential address			
Home telephone		Mobile telephone	
Email			

Section 2: Declaration of applicant

I have successfully completed all training and examination requirements as specified by the Committee for Specialist International Medical Graduate Education (CSIMGE). Accordingly, I request that my name be submitted to the Education Committee (EC) and the RANZCP Board for admission as a Fellow of the College.

1. I have completed all training and assessments to achieve Fellowship, as required by the RANZCP and reflected on my training record.	True	False
2. There has never been a determination by a Regulatory Authority determining that I am unable to practice or that I am only able to practice with restrictions and conditions in any country because of misconduct, unsatisfactory performance or ethical breaches	True	False
3. I have never had my registration refused or cancelled by a Regulatory Authority.	True	False
4. I am not nor have I been subject to investigation by a Regulatory Authority.	True	False
5. I undertake to abide by the requirements and policies of the RANZCP.	True	False
6. I have current medical registration and have no outstanding training / assessment fees.	True	False
Signature		Date

If any of the above statements are false, provide explanation and documentary evidence for review.

Section 3: Nominees

We, the undersigned, being Fellows of the Royal Australian and New Zealand College of Psychiatrists, propose and second this application for Fellowship, subject to the applicant's successful completion of the Training and Assessment Regulations:

Name		Name	
Position / qualification		Position / qualification	
RANZCP ID		RANZCP ID	
Signature		Signature	

Section 4: Payment details

- Applications for Fellowship will only proceed upon receipt of the \$490.00 Administration Fee.
- Fees cannot be refunded if application is rejected due to incomplete or incorrect completion of this form.
- Fees are payable in AUD or NZD, as appropriate.
- Fees will be deducted within 10 working days of receipt of application. Please ensure that funds are available during this time.
- RANZCP application fees are inclusive of GST.
- Acceptable payment methods include Visa, MasterCard or Electronic Funds Transfer (EFT).
- Electronic funds transfer must include reference details.

Please note: This application form becomes a TAX INVOICE once paid. ABN: 68 000 439 047

2026 Application for Fellowship Administrative Fee: \$490.00

Electronic Funds Transfer		Date of transfer	
Australian EFT payments to:		New Zealand EFT payments to:	
Bank	Westpac Banking Corporation	Bank	Westpac NZ
SWIFT code	WPACAU2S	Account number	03-0207-00285242-0000
BSB	033178	Account name	RANZCP
Account number	801076	Reference	[must include surname an 'FSHIP']
Account name	RANZCP		
Reference	[must include surname an 'FSHIP']		

Credit card payment	Card type
---------------------	-----------

For security purposes, the RANZCP encourage payments by Electronic Funds Transfer. Applicants wishing to pay by credit card will need to contact the RANZCP Administrative Officer, Accounts Receivable.

Please phone **+61 3 9236 9152** to provide your credit card payment details over the phone and note the application type and fee amount for processing.

Please forward your completed application form along with a copy of your current Certificate of Registration Status from the relevant Medical Registration Board and your payment to:

Fax: **+61 (3) 9642 5652**

Email: simg@ranzcp.org