

## 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 .....

Have you ever lived in a rural location in Australia or Aotearoa New Zealand?

- |   |   |
|---|---|
| <input type="checkbox"/> No                   | <input type="checkbox"/> Yes, both rural Australia and Aotearoa New Zealand |
| <input type="checkbox"/> Yes, rural Australia | <input type="checkbox"/> Yes, rural Aotearoa New Zealand                    |

If you have selected "Yes" to living in a rural location in Australia, please answer the following question.

Check the [Modified Monash Model \(2019\)](#) classification of where you lived here. Under Classification Filter, select Modified Monash Model, select the year 2019, and enter your residential address.

Before entering medical school in Australia, did the following apply to you?

- ☐ Your home address was situated in areas classified as MM2 to 7 in the Modified Monash Model (MMM) classification system for a minimum cumulative period of 10 years.
- ☐ Your home address was situated in areas classified as MM2 to 7 in the Modified Monash Model (MMM) classification system for a minimum of 5 consecutive years.
- ☐ None of the above

If you have selected "Yes" to living in a rural location in Aotearoa New Zealand, please answer the following question.

Before entering medical school in Aotearoa New Zealand, did the following apply to you?

- ☐ You undertook a combination of pre-tertiary education at a school in a rural area of Aotearoa New Zealand and residence in a rural area of Aotearoa New Zealand, for a minimum of 4 consecutive years.
- ☐ You lived in a rural area of Aotearoa New Zealand for a minimum of 4 consecutive years following the completion of your secondary education.

- ☐ You undertook a minimum of 4 years of your pre-tertiary education at a school in a rural area of Aotearoa New Zealand.
- ☐ None of the above

*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?

- ☐ No ☐ Yes, Torres Strait Islander
- ☐ Yes, Aboriginal ☐ 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) <sup>1</sup> .....

<sup>1</sup>In 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 .....

