

RANZCP International Corresponding Membership

Join the Royal Australian and New Zealand College of Psychiatrists as an International Corresponding member.

International Corresponding Members of the RANZCP receive a great range of benefits and services including discounted rates for the annual RANZCP Congress and other conferences, copies of the RANZCP's scientific journals, the Australian and New Zealand Journal of Psychiatry and Australasian Psychiatry, regular news and updates and access to a range of online resources, publications and e-learning modules.

Personal Details

Title Given name(s)
Surname
Male Female Date of Birth / /

Preferred/Main Contact Address

Address
Suburb State Postcode Country
Email Mobile Phone
Work Phone Home Phone

Eligibility Criteria

	Yes	No
Do you hold a specialist qualification in psychiatry as recognized in your home country?	<input type="checkbox"/>	<input type="checkbox"/>
Are you registered as a psychiatrist in your home country, and in good standing with the relevant registering body and professional association?	<input type="checkbox"/>	<input type="checkbox"/>
Do you currently have, or have ever had any ethical or professional findings or charges against you?	<input type="checkbox"/>	<input type="checkbox"/>
Are you participating in continuing professional development activities?	<input type="checkbox"/>	<input type="checkbox"/>

Please provide copies of appropriate documentation.

Qualifications and Professional Training

Medical Training

Medical School	<input type="text"/>				
City/Country	<input type="text"/>				
Started	<input type="text"/>	Finished	<input type="text"/>	Qualification	<input type="text"/>

Post Graduate Psychiatry Training

Training Program	<input type="text"/>				
City/Country	<input type="text"/>				
Started	<input type="text"/>	Finished	<input type="text"/>	Qualification	<input type="text"/>

Employment and Medical Registration

Current Position	<input type="text"/>	Employer	<input type="text"/>				
Address	<input type="text"/>						
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>	Country	<input type="text"/>
Any other positions held							
Position Held	<input type="text"/>	Employer	<input type="text"/>				
Position Held	<input type="text"/>	Employer	<input type="text"/>				
Name of Regulatory Body/ Association	<input type="text"/>	ID Number	<input type="text"/>				

Documentation Checklist

Please attach the following documentation with your application (English translations of all documents are required)

- Current CV
- Certified copies of qualifications
- Confirmation of current registration from relevant Medical Board
- Letter of good standing

Declaration

I confirm that all statements and information provided to the RANZCP by me are and will be true and correct.

I have read and agree to be bound by the Constitution of the RANZCP and any Regulations or Bylaws made under the Constitution (both in spirit as well as in the letter) and agree to promote the objects of the RANZCP to the best of my ability.

I agree to submit to the processes of the RANZCP including any penalties, sanctions or disciplinary processes, imposed for violation of the Constitution.

I agree and acknowledge that the RANZCP will collect information in relation to me, as an International Corresponding Member of the RANZCP.

I acknowledge that the RANZCP will collect information, as necessary, for the performance of the functions of the RANZCP, in accordance with and on the basis of the RANZCP's Privacy Statement. I consent to the use of my personal information in accordance with the provisions of the Privacy Statement (as amended from time to time).

I agree that the RANZCP may seek information and make enquiries in relation to my professional conduct from relevant third parties (including any government or non-government body or authority), and consent to the release of that information by third parties to the RANZCP.

I confirm that I will undertake continuous professional improvement and participate in effective ongoing professional development activities.

I will promptly report to the College any changes to my medical registration status or any professional findings or charges against me.

Psychiatrists who have previously been excluded, terminated or suspended from another form of RANZCP membership are ineligible to apply. International Corresponding Membership does not entitle the holder to practice in Australia or New Zealand or provide a pathway to Fellowship of the RANZCP.

Signature

Date

Please return completed application to:

The Royal Australian and New Zealand College of Psychiatrists, 309 La Trobe St, Melbourne, VIC 3000 AUSTRALIA
Tel +61 3 9640 0646 . Fax: +61 3 9642 5652 . Email: membership@ranzcp.org