

2026 TRAINEE APPLICATION FOR FELLOWSHIP

Refer to 2026 Admission to Fellowship Schedule for information regarding admission to Fellowship dates



First Name				RANZCP ID:	
Last Name				Medical Registration N^o:	
Address					
Telephone	()	Mobile		Email	

I request that my name be submitted to RANZCP Board for admission as a Fellow of the College.

PERSONAL DECLARATION

1. I have completed all training and assessments to achieve Fellowship, as required by the RANZCP and reflected on my training record.
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.
Note: If a matter has been brought to the attention of a Regulatory Authority, please provide supplementary documentation for review
3. I have never had my registration refused or cancelled by a Regulatory Authority.
Note: If a matter has been brought to the attention of a Regulatory Authority, please provide supplementary documentation for review.
4. I am not nor have I been subject to investigation by a Regulatory Authority.
5. I undertake to abide by the requirements and policies of the RANZCP
6. I have current medical registration and have no outstanding training/assessment fees.

SIGNATURE Date

Applicant to request two RANZCP Fellows to propose and second the application.

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:

Proposed by:

Seconded by:

_____/_____/_____
(Signature) (Date)

(Print Name and Qualification)

Position RANZCP ID

_____/_____/_____
(Signature) (Date)

(Print Name and Qualification)

Position RANZCP ID

PAYMENT: Trainee Application for Fellowship

- Applications for Fellowship will only proceed upon receipt of the **\$490.00** Administration Fee
- Fees are payable in AUD or NZD, as appropriate
- Acceptable payment methods include cheque, credit card (Australia only - Visa, MasterCard) or Electronic Funds Transfer (EFT), please choose via the tick box below.

Full Name (First Name/ Last Name)		RANZCP ID:	
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☐ Electronic funds transfer (EFT)

Date of transfer __/__/__

Australian EFT payments to:		New Zealand EFT payments to:	
Bank	Westpac Banking Corporation	Bank	Westpac NZ
BSB	033178	Account No	03-0207-0285242-000
Account No	801076	Account name	RANZCP
Account name	RANZCP	Payment description	[must include surname and 'FSHIP]
Payment description	[must include surname and 'FSHIP]	Reference number	
Reference number			

☐ Credit card payment ☐ Visa ☐ MasterCard

Please note that trainees wishing to pay by credit card (**Australia only**) will be contacted by a member of the RANZCP Finance Team. Do not write your credit card number on the form.

☐ Cheque (made payable to RANZCP)

Amount \$ 490 ☐ AUS ☐ NZ

Please forward your completed application form (and retain a copy) with a copy of your current Certificate of Registration Status / Practising Certificate from the relevant Medical Registration Board and payment

Email to RANZCP Training: training@ranzcp.org

Please note: This application form becomes a TAX INVOICE (ABN: 68 000 439 047) once paid.
All information received in applications will be held and used by the College in accordance with the College's Privacy Policy