

Application for new enrolment

SECTION A: APPLICANT INFORMATION

Name	RACGP no.	ACRRM no.
Address	Postcode	
Date of birth	Email	
Mobile	Phone	Fax

Qualification/s (Please attach written verification)

Primary medical degree	Date	Country
Anaesthesia qualifications	Date	Country
Other qualifications	Date	Country

Anaesthetics training

Hospital/practice	Time (weeks)	Dates (from)	Dates (to)
			—
			—
			—
			—



Current anaesthetic practice

Full	Part-time	No. of years	Dates	—
Cases/year (avg)*				
	GA		Regional	Combined GA/Reg
	LA/Sed		Other	Total
Regional*				
	Spinal		Epidural	Other (specify)
Type of surgery*				
	General		Orthopaedics	Obstetrics
	Gynaecology		Urology	ENT
	Ophthalmology		Vascular	Other
	Paediatric anaesthesia (<10)		Minimum age (years)	
	Elective		Emergency	

*Please indicate numbers,
even if approximate

Previous anaesthetic practice 1 (if different from current)

Location

Full	Part-time	No. of years	Dates	—
Cases/year (avg)*				
	GA		Regional	Combined GA/Reg
	LA/Sed		Other	Total
Regional*				
	Spinal		Epidural	Other (specify)
Type of surgery*				
	General		Orthopaedics	Obstetrics
	Gynaecology		Urology	ENT
	Ophthalmology		Vascular	Other
	Paediatric anaesthesia (<10)		Minimum age (years)	
	Elective		Emergency	

*Please indicate numbers,
even if approximate

Previous anaesthetic practice 2 (if different from current)

Location

Full	Part-time	No. of years	Dates	—
Cases/year (avg)*	GA	Regional	Combined GA/Reg	
	LA/Sed	Other	Total	
Regional*	Spinal	Epidural	Other (specify)	
Type of surgery*	General	Orthopaedics	Obstetrics	
	Gynaecology	Urology	ENT	
	Ophthalmology	Vascular	Other	
	Paediatric anaesthesia (<10)	Minimum age (years)		
	Elective	Emergency		

**Please indicate numbers,
even if approximate*

Current hospital accreditation(s)

Anaesthesia educational activities undertaken last five years

Referee 1

Name

Position/Hospital

Email

Mobile

Signature of applicant

Date

Referee 2

Name

Position/Hospital

Email

Mobile

Signature of applicant

Date

SECTION B: PAYMENT

Enrolment with:

The RACGP QI&CPD Program

ANZCA CPD Program

ACRRM PDP

Total for 2017-19 triennium \$379.50 (2017-19 triennium fee \$345.00 + \$34.50 GST)

Date

RACGP/JCCA no.

Credit Card

(you will be issued an invoice for payment)

Cheque

(make cheques payable to The RACGP)

ABN 34 000 223 807. Please keep for your records.

SECTION C: DECLARATION

By signing and returning this registration form to the JCCA I the applicant make the following declarations:

I understand that the information included on this form is subject to privacy legislation and will not be used for any other purpose other than reporting on my CPD program participation and anaesthesia points between my preferred CPD/PDP provider (the Australian and New Zealand College of Anaesthetists (ANZCA), the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM)) and the JCCA.

Signature of applicant

Date

How to lodge this application

Email: jcc@racgp.org.au or

Post to: **JCCA Secretariat, 100 Wellington Parade, East Melbourne VIC 3002** or

Fax: **03 8699 0400**

For more information call **03 8699 0577** or email jcc@racgp.org.au

Note: It is advisable to save the completed version of this enrolment form to your documents library.