

## 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	–
<b>Cases/year (avg)*</b>	GA		Regional	Combined GA /Reg
	LA / Sed		Other	Total
<b>Regional*</b>	Spinal		Epidural	Other (specify)
<b>Type of surgery*</b>	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	–
<b>Cases/year (avg)*</b>	GA		Regional	Combined GA /Reg
	LA / Sed		Other	Total
<b>Regional*</b>	Spinal		Epidural	Other (specify)
<b>Type of surgery*</b>	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	—
<b>Cases/year (avg)*</b>		GA	Regional	Combined GA/Reg
		LA/Sed	Other	Total
<b>Regional*</b>		Spinal	Epidural	Other (specify)
<b>Type of surgery*</b>		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](mailto: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](mailto:jcc@racgp.org.au)

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