

Application for ongoing registration

SECTION A: APPLICANT INFORMATION

Name	RACGP / JCCA no.	ACRRM no.
Address		
Phone	Fax	Mobile
Email	Date of birth	
Previous enrolment with JCCA: Yes No		Current anaesthetic practice: Full time Part time

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)		ABN 34 000 223 807. Please keep for your records.
Date	RACGP/JCCA no.	Credit Card	Cheque
		(you will be issued an invoice for payment)	(make cheques payable to The RACGP)

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 your application

To register please complete this form with payment and:

Post to: **JCCA Secretariat, 100 Wellington Parade, East Melbourne VIC 3002** or
 Fax: **03 8699 0400**
 Email: **jcc@racgp.org.au**

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.

FOR OFFICE USE ONLY

RACGP NO (BILL TO)

BATCH NO.

ORDER NO.

INVOICE NO.