
Section A: Applicant information

Name RACGP / JCCA no.

Address

Phone Fax Mobile

Email Date of birth

Previous enrolment: Yes No **Current anaesthetic practice:** Full time Part time

Section B: Payment

Registration with: **The RACGP CPD Program** (If you are an RACGP member you may not need to pay the fee)

Total for 2020–22 triennium \$379.50 (2020–22 triennium fee \$345.00 + \$34.50 GST) ABN 34 000 223 807. Please keep for your records.

Date RACGP/JCCA no. Credit Card

(you will be issued an invoice for payment)

Section C: Declaration

By signing and returning this registration form 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 registration

To register please complete this form and email to the [RACGP State CPD Unit](#).

FOR OFFICE USE ONLY

RACGP NO (BILL TO)

BATCH NO.

ORDER NO.

INVOICE NO.
