

Application for enrolment

NOTE: This is an interactive form, please fill in the fields below.

This form is to be completed by the registrar prior to commencing the training post and submitted to the JCCA Secretariat.

SECTION A: APPLICANT INFORMATION

Name		Date of Birth
Address		
Postcode	Mobile	Email
Are you currently in a general practice training program?: Yes No – If YES please provide details below		
Name of training program		Email
Institution you completed your primary medical degree		State Date of completion
Primary medical degree (attach)		Copy of the registrar's curriculum vitae (attach)

Postgraduate qualification/s

Qualification	Date	Institution
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Qualification	Date	Institution
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Affiliated with:

RACGP	Member No.	ACRRM	Member No.	Neither
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Previous training position/s

Specialty	Place	Duration (months)	Dates
Specialty	Place	Duration (months)	Dates
Specialty	Place	Duration (months)	Dates

Intended future area of rural general practice – *(not necessarily immediately after anaesthesia training)*

SECTION B: TRAINING DETAILS

Hospital

Is this post accredited with the JCCA or ANZCA?: Yes No *If NO, application needs to be made by the RTP and hospital to the JCCA prospectively*

Training commences Training finishes

Supervisors

Specialist supervisor name Phone Email

GP supervisor name Phone Email

Regional Training Organisation (RTO)

This training is supported by as part of the registrar's GP training

RTO medical educator Phone Email

SECTION C: ADMINISTRATION

An administration fee is due for the issue of a letter of completion by the Joint Consultative Committee on Anaesthesia. It will be invoiced upon successful completion of training. This fee is subject to an annual CPI increase on 1 July.

SECTION D: DECLARATIONS

I confirm my agreement to train the registrar in accordance with the standards outlined in the Joint Consultative Committee on Anaesthesia Curriculum for General Practitioner Anaesthesia, **Sixth Edition 2020**. The examination will be conducted following completion of satisfactory training supervisors' report at the conclusion of the training time.

Signature of specialist training supervisor

Date

Signature of GP supervisor

Date

I apply to undertake training in anaesthesia according to the Joint Consultative Committee on Anaesthesia's Curriculum for General Practitioner Anaesthesia, **Sixth Edition 2020**, and agree to abide by the policies and directions of the Joint Consultative Committee on Anaesthesia.

I understand that the information included on this form and any intraining assessments and end of training reports is subject to privacy legislation and will not be used for any other purpose other than reporting on my training between 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), the training hospital and the training provider.

Signature of applicant

Date

How to lodge your application

To register please complete this form and attach your curriculum vitae.

Email: jcc@racgp.org.au or

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

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.

PLEASE ATTACH A COPY OF YOUR MEDICAL REGISTRATION AND CV