2016 Annual Training Fee

An annual training fee must be paid by all FPM trainees in approved training. Trainees undertaking prospectively approved interrupted training for the entire year pay a registration maintenance fee. All periods of part-time training or interrupted training must be applied for prospectively. Reduced fees will be determined for trainees who have prospectively approved part-time training for 12 months or prospectively approved interrupted training for a continuous period of at least 13 weeks.

Trainees who have withdrawn from the FPM training program should notify the Faculty via painmed@anzca.edu.au

Annual training fees are due by January 31, 2016.

1. Personal information

College ID: ___ / ___ / ___ / ___ / ___

Family name: __________________________________________
First name: _________________________    Middle name: _________________________

2. Training placement for the 2016 hospital employment year

<table>
<thead>
<tr>
<th>Training site</th>
<th>FT/PT</th>
<th>Start date</th>
<th>End date</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

3. Training agreement and declaration

On an annual basis trainees must read and agree to the training agreement in order to maintain their trainee status. Please sign and return the enclosed agreement before March 31, 2016.
4. 2016 fees

If you will be training part time or will be in interrupted training for part of 2016, please submit your application to the Faculty for approval before paying your 2016 annual training fee. You may be eligible for a reduced fee.

<table>
<thead>
<tr>
<th></th>
<th>Annual Training Fee</th>
<th>Registration Maintenance Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Trainees in training</td>
<td>Interrupted training for entire 2015</td>
</tr>
<tr>
<td>Australia</td>
<td>AUD 2,266</td>
<td>AUD 593</td>
</tr>
<tr>
<td>New Zealand</td>
<td>NZD 3,013</td>
<td>NZD 788</td>
</tr>
<tr>
<td>Hong Kong, Singapore, Malaysia</td>
<td>AUD 2,266</td>
<td>AUD 593</td>
</tr>
</tbody>
</table>

5. Payment details

Payment amount: _________________

___ Cheque. Bank Draft or Money Order attached
(Payable to ANZCA and crossed “Not Negotiable”. If you are paying by cheque in New Zealand, please send completed form to NZ National Office.)

___ Credit Card (please tick one)

Credit card number

______

Expiry date

______

Name on card: __________________________________________

Cardholder’s signature: ______________________________________

Send the completed form and signed training agreement to:

Faculty of Pain Medicine

PO Box 6095

ST KILDA ROAD CENTRAL

VIC 8008 AUSTRALIA

Fax: +61 3 9510 6786