

Application for election to Fellowship

Applicants should address the criteria outlined in By-law 3 in their application. All applications to the Board are considered as confidential. The Board observes the right to obtain the input from further referees if required.

1. Personal information		
Surname:		
First name:	Middle name:	
Date of Birth:	Gender: M / F	
2. Contact Address		
Address:		
Suburb/City:	State:	
	Country:	
Email address:		
Applicants are required to nominate t	wship of the Faculty of Pain Medicine hree Fellows of the Faculty who have agreed to p	
least one of whom should have worke	ed with the applicant during the preceding 12 mo	onths.
•	this application for consideration by the Board of Anaesthetists for admission to Fellowship of th	•
Referee 1:		
Signature	Name (in block letters)	 Date
Referee 2:		
Signature	Name (in block letters)	 Date
Referee 3:		
Signature	 Name (in block letters)	 Date

21 March 2017 Page 1

4. Phone nu	mbers										
	Country	Area	Local			(Country	Local			
Home:					Mobile	: :					
	Country	Area	Local			(Country	Area	Loca	al	
Work:					Fax:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
New z Payment am Cheque (Payabl	on for elect alian reside Zealand res nount: e. Bank Dra	nts: idents: ft or Mo	AUD 56 NZD 63 ney Ord	er attached	trative fe	e. In 20	17 this f	ee is:			
	card numbe		<i>-</i> ,								
Expiry o	date										
Name on ca	rd:									_	
Cardholder's	s signature:	·			 						
Supporting	d a a a	tion									

- Curriculum vitae
- Detailed written references from at least three FPM Fellows
- A description of how the applicant meets the criteria outlined in By-law 3.2.1
- Evidence of medical registration

Send the completed form and accompanying documentation to:

Faculty of Pain Medicine painmed@anzca.edu.au PO Box 6095 fax: +61 3 9510 6786

ST KILDA ROAD CENTRAL VIC 8008 AUSTRALIA

21 March 2017 Page 2