

## 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: 

Day	Month	Year

Gender: M / F

### 2. Contact Address

Address: \_\_\_\_\_

Suburb/City: \_\_\_\_\_ State: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Email address: \_\_\_\_\_

### 3. Proposal for admission to Fellowship of the Faculty of Pain Medicine

Applicants are required to nominate three Fellows of the Faculty who have agreed to provide a detailed reference, at least one of whom should have worked with the applicant during the preceding 12 months.

We, the undersigned, wish to support this application for consideration by the Board of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists for admission to Fellowship of the Faculty of Pain Medicine by election.

Referee 1:

Signature	Name (in block letters)	Date

Referee 2:

Signature	Name (in block letters)	Date

Referee 3:

Signature	Name (in block letters)	Date

