

Application for admission to Fellowship via completion of the Faculty of Pain Medicine training program

Following completion of all training program requirements a trainee who has a primary specialist qualification acceptable to the Board (refer to by-law 3.1.3) may apply for admission to Fellowship of the Faculty.

To the General Manager, FPM, I _____
(Please print name in capitals as you would like it to appear on your FPM diploma)

of: _____
(Please provide address including postcode to which your diploma should be posted.)

College ID: _____ Medical Registration Number: _____

Primary specialist qualification: _____

Having completed all training requirements, I hereby apply for admission to Fellowship of the Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists under the provisions of by-law 3.1.

I certify that:

I have no illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine. Or I have informed the Faculty of any illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine, and I am receiving appropriate medical care.

I undertake to notify the Faculty if I develop an illness or disability that would preclude the safe practice of pain medicine, including dependence on or inappropriate use of alcohol or recreational and/or non-prescribed drugs, and/or treatment with prescribed drugs likely to compromise the safe practice of pain medicine.

I acknowledge that any condition which could preclude the safe practice of pain medicine, including personal drug or chemical dependence, may prevent my admission to fellowship.

I agree that all communications made by the Faculty Board or any of its officers, and all answers made and all communications of every kind in relation to this my application for admission to fellowship of the Faculty of Pain Medicine, ANZCA shall for all purposes be absolutely privileged.

Signature of candidate: _____

Date: _____

Indigenous Status

FPM, ANZCA in association with the Council of the Presidents of the Medical Colleges, collects workforce data to ascertain the numbers of Indigenous Fellows and trainees working in Australia and New Zealand. The following question is voluntary.

Do you identify as any of the following? If so, please select one or more categories as appropriate.

- Aboriginal
- Torres Strait Islander
- Māori
- Pacific Islander

PRIVACY ACT 1988 COLLECTION STATEMENT

The Faculty of Pain Medicine, Australian and New Zealand College of Anaesthetists collects and holds information provided by you for the purpose of administering your Fellowship of the Faculty. Your details may be used by the Faculty to send you mailings containing information relating to the College, pain medicine practice and continuing professional development.

Please indicate whether you wish to receive periodic mailings from the College. **Yes / No**

If we do not hear from you, the College will assume that you would like to receive College mail outs. The information collected and held cannot be disclosed to third parties except as required by Law. If you wish at any time to request access to the information you have provided, you may contact the College's Privacy Officer:

Policy, General Manager
ANZCA House
630 St Kilda Road, MELBOURNE VIC 3004

Send the completed form to:
Faculty of Pain Medicine
ANZCA House
PO Box 6095
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VIC 3004 AUSTRALIA

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