

# APPLICATION FOR EDUCATIONAL AFFILIATE



**The Royal Australian and  
New Zealand College of  
Obstetricians and  
Gynaecologists**

ABN 34 100 368 969

***Excellence in Women's Health***

College House  
254 – 260 Albert Street  
East Melbourne Vic 3002 Australia  
Telephone: +61 3 9417 1699  
Facsimile: + 61 3 9419 0672  
E-mail: rancog@rancog.edu.au

This form should be completed in full and submitted along with all required documentation to College House

<b>SURNAME:</b>	
<b>GIVEN NAMES in full:</b>	

(Please note that the above details will appear on your membership certificate, include middle names if appropriate)

<b>PREFERRED TITLE:</b>		<b>DATE OF BIRTH:</b>		<b>MALE/FEMALE:</b>	
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## ADDRESS AND CORRESPONDENCE DETAILS

(Please notify the College if any of your contact details change after submission of the application form)

<b>EMPLOYMENT ADDRESS</b>		
		<b>Postcode</b>
<b>Work Telephone</b>		
<b>Work Fax</b>		
<b>Work Email</b>		

<b>RESIDENTIAL ADDRESS</b>		
		<b>Postcode</b>
<b>Home Telephone</b>		
<b>Home Fax</b>		
<b>Home Email</b>		
<b>Mobile Telephone</b>		

**Preferred address for correspondence and College mailings**

Home  Work

**Preferred email for correspondence**

Home  Work

**QUALIFICATIONS (including name of conferring institution and date conferred)**

**(If insufficient space, please attach a separate list)**

<b>Qualification</b>	<b>Conferring Institution</b>	<b>Date Conferred</b>

**PROFESSIONAL TRAINING AND EXPERIENCE IN OBSTETRICS AND GYNAECOLOGY**

**AND / OR OTHER DISCIPLINES AS APPROPRIATE**

**(If insufficient space, please attach a separate list)**

<b>Position</b>	<b>Dates From -To</b>	<b>Institution and Location</b>

**REFEREE DETAILS**

The following are Fellows of RANZCOG and have agreed to support my application.  
The RANZCOG may decide to contact these individuals for a personal reference.

**REFEREE # 1 DETAILS**

<b>Title and Name</b>	
<b>Preferred Telephone contact</b>	
<b>Preferred Email contact</b>	

**REFEREE # 2 DETAILS**

<b>Title and Name</b>	
<b>Preferred Telephone contact</b>	
<b>Preferred Email contact</b>	

## VERIFICATION OF QUALIFICATIONS AND RELEASE OF INFORMATION

When assessing applications for College membership, it may be necessary in some instances for the College to seek verification of an applicant's primary and / or specialist medical qualifications through a third party, notably the Educational Commission for Foreign Medical Graduates (ECFMG), or to seek information or make enquiries in relation to professional registration or conduct. Where there is a charge to the College for obtaining such information, you will be asked to pay that fee in addition to the standard application fee of AUD\$100. Membership applications will not be progressed until that fee is paid to the College.

## APPLICATION CHECKLIST

In addition to ensuring that all information has been provided and that the form has been signed and dated as required, you should ensure that the following documentation has been included with the application. Where any of the requested documentation has been recently forwarded to the College for another purpose, please indicate this.

- Certified copy of your primary medical qualification and any qualification in obstetrics and gynaecology or other specialist field;
- Evidence of current employment and Good Standing from relevant health authority\*;
- Certified copy of current medical registration\*;
- Current Curriculum Vitae.

\* For applicants registered in an Australian jurisdiction a request should be made to that jurisdiction for a *Certificate of Registration Status* to be issued to RANZCOG and the College notified of this with your application.

## APPLICATION FEE

An application fee of AUD\$100 is payable at the time of application. Should your application be approved you will be invoiced for the applicable annual subscription fee when you are advised of this. Note that, under the College Constitution, the College has the absolute right to refuse to admit to membership any person without giving any reason for that decision.

The Application Fee for Educational Affiliates (AUD\$100.00) is:

paid by cheque (attached) or  to be paid by credit card according to the details below.

Card Type:	<input type="checkbox"/> Visa Card	<input type="checkbox"/> Mastercard
Cardholders Name:	.....	
Card Expiry Date:	___ / ___	
Card number:	_____	
Amount Paid: AUD \$	_____	Signature _____

## PROFESSIONAL CONDUCT STATEMENT AND DECLARATION

I declare that I am eligible for admission to membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists as an Educational Affiliate and apply to be admitted as such.

I confirm that all statements and information provided to the College by me are and will be true and correct. I further declare that I am not currently suspended or removed from medical practice by any authorising body, nor is my registration subject to any undertaking, nor am I involved in professional disciplinary proceedings or under investigation related to medical practice in any jurisdiction.

I have read and agree to be bound by the Constitution of the College and any Regulations or Bylaws made under the Constitution (both in spirit as well as in the letter) and agree to promote the objects of the College to the best of my ability.

I agree to submit to the processes of the College including any penalties, sanctions or disciplinary processes, imposed for violation of the Constitution. I agree that my membership may be suspended, withdrawn or terminated in the event of any breach, and I will surrender my membership certificate at the College's request.

I pledge myself, as a condition of membership, to practice in accordance with the objects of the College and the standards and ethics of the College and the profession.

### Fees

I agree to pay all College fees and subscription when due and payable.

### Privacy

I agree and acknowledge that the College will collect information in relation to me, as a member of the College.

I acknowledge that the College will collect information, as necessary, for the performance of the functions of the College, in accordance with and on the basis of the College's Privacy Statement. I consent to the use of my personal information in accordance with the provisions of the Privacy Statement (as amended from time to time).

I agree that the College may seek information and make enquiries in relation to my professional standing, conduct and qualifications from relevant third parties (including any government or non-government body or authority), and consent to the release of that information by third parties to the College.

**Signature**

**Date**

## CONTINUING PROFESSIONAL DEVELOPMENT

Please indicate if you wish to participate in the RANZCOG Continuing Professional Development Program

Yes, I wish to enroll for the RANZCOG CPD Program

**Send completed application form to:**

**CPD Coordinator  
RANZCOG  
254 Albert Street  
East Melbourne 3002  
Australia**

August 2008

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