

# APPLICATION FORM FOR SUBSPECIALTY EXAMINERS



THE ROYAL AUSTRALIAN  
AND NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

## Applicant Details

I wish to apply for:

- |                                                  |                                                  |
|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> CGO Board of Examiners  | <input type="checkbox"/> CREI Board of Examiners |
| <input type="checkbox"/> CMFM Board of Examiners | <input type="checkbox"/> CU Board of Examiners   |
| <input type="checkbox"/> COGU Board of Examiners |                                                  |

Surname

Given Names (in full)

--	--

Title

Date of Birth

Gender

Date of Application

	/ /		/ /
--	-----	--	-----

Address


Telephone (home)

Telephone (work)

Mobile

Fax

--	--	--	--

Email

--

## Involvement with Subspecialty Training

Please provide details of the extent of your involvement with subspecialty training and trainees.


Please provide details of the institution where you are involved with subspecialty training and trainees.

Institution Name

--

Institution Address


**Examination Experience:**

Please provide brief details of your experience in examining.

Undergraduate


Postgraduate


Other


**Current Activity in your Subspecialty**


**Referees**

Please provide the names and contact details of two referees.

Referee 1

--

Referee 2

--

**Application Submission**

Please save the completed form and email it, together with a current curriculum vitae, to Frances Gilleard ([fgilleard@ranzcog.edu.au](mailto:fgilleard@ranzcog.edu.au)). Alternatively, send them by mail to College House, 254-260 Albert Street, East Melbourne, VIC 3002.