



DRANZCOG Application Form

Please use this form **ONLY** if you are applying for the 6-months DRANZCOG, not the DRANZCOG Advanced

FORM MUST BE SUBMITTED AT LEAST 4 WEEKS PRIOR TO COMMENCING TRAINING

SEND TO: Diploma Administration Officer, RANZCOG
254-260 Albert St, East Melbourne, VIC 3002
+61 3 9412 2911 kgoodwin@ranzcof.edu.au

This form **WILL NOT** be processed if it is incomplete or you have not attached the required documents

This form must be submitted along with the following documentation:

- DRANZCOG training fee 2010 \$190.00 AUD
- A certified copy of your primary medical degree
- 4 certified passport photos

QUALIFICATION AND LEVEL OF EXPERIENCE REQUIRED

DRANZCOG trainees must hold a primary degree in Medicine and Surgery issued by a medical school listed in the WHO Publication *World Directory of Medical Schools* or have the AMC certificate. Candidates must also be in their second or subsequent postgraduate year.

LOGBOOK AND EXAMINATIONS

Once you are registered as a DRANZCOG trainee, you will be sent your logbook. Completion of the logbook is an essential assessment requirement. The logbooks are NOT available on the College website.

Application forms for the DRANZCOG examinations can be downloaded from the RANZCOG website:

<http://www.ranzcof.edu.au/trainees/exams-application-forms.shtml>

Please note that it is the candidate's responsibility to apply for all examinations. The closing dates for examinations are:

30 October for the following February/April Written and Oral Examinations

31 May for the following August/September Written and Oral Examinations

Application Form Received:
Mailroom Date Stamp

Training Fees Processed:
Accounts Use Only

Training Logbook sent:

DRANZCOG TRAINING FEE PAYMENT DETAILS 2010

- I have attached a cheque/money order for payment of the DRANZCOG training fee
(Please make cheques payable to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists)

- Please debit my credit card for payment of the DRANZCOG training fee

Card type: Visa Mastercard

Name on card: _____

Card Number: _____ Exp Date ____/____/____

Amount Paid: **\$ AUD 190.00**

Signature: _____

DRANZCOG Registration Form 2010

ID Number: _____ RACGP ID Number (If applicable) _____

Surname: _____ Given Name(s): _____

Date of Birth: ____/____/____ Male Female

Current Qualifications:

Degree: _____ Year completed: ____ Institution: _____

Period of DRANZCOG Training (please list **exact dates** eg: dd/mm/yyyy)

From ____/____/____ To ____/____/____

Accredited DRANZCOG Training Site: *Note: Check site is accredited for this training. See list in the DRANZCOG handbook available at: <http://www.ranzcog.edu.au/trainees/diploma-trainees.shtml>*

Hospital: _____ State: _____

Accredited DRANZCOG Training Supervisor (contact phone number is essential)

Full Name: _____ Phone: (____) _____

Postal Address

(If different from current address given to College, indicate date from which you will be at this address: ____/____/____)

Street: _____

Suburb: _____

State: _____ Postcode: _____

Work Address

Hospital: _____

Department: _____

Street: _____

Suburb: _____

State: _____ Postcode: _____

I would like all RANZCOG correspondence forwarded to my: Postal Address Work Address

Home Telephone Number:

Please include area code (and country code if outside Australia)

Phone: (____) _____

Mobile: _____

Fax: (____) _____

E-Mail: _____@_____

Work Telephone Number:

Please include area code (and country code if outside Australia)

Phone: (____) _____

Mobile: _____

Fax: (____) _____

E-Mail: _____@_____

Trainee Declaration

- I have gained a training position at the above named accredited DRANZCOG training hospital and I am applying for prospective approval of training.
- I acknowledge that if any of the above information changes during my training year, it is my responsibility to notify the College immediately

TRAINEE SIGNATURE: _____ Date: ____/____/____



Privacy Policy

Contact Information

Dear Doctor,

From time to time the College may pass on contact information of College Members without seeking express consent. The College has recently voted to support Member Advantage Pty Ltd to provide information relating to a range of services in which you may be interested. Please be assured that the College will take all reasonable steps to ensure that the personal information provided by it to other parties will be protected from misuse and loss. Please return the following at your earliest convenience.

'I agree that the College may share my personal information with other organisations where the College deems it to be of interest and/or benefit to me, but where the purpose may not be directly related to my professional practice.'

Yes

No

Trainee Signature: _____

Name: (PLEASE PRINT) _____

Date: ____/____/____