

Associate Membership Application Form



**The Royal Australian
and New Zealand
College of Obstetricians
and Gynaecologists**
Excellence in Women's Health

This form should be completed electronically in full, printed, signed and submitted along with all required documentation to the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); applications may be submitted by post to College House, RANZCOG or by email to cpd@ranzcof.edu.au.

1. PERSONAL DETAILS

Please note that the names provided below will appear on any membership certificate issued.

| | | | |
|---------------|--------------|----------------|--|
| Title | | Surname | |
| First Name | | Middle Name(s) | |
| Date of Birth | (DD/MM/YYYY) | Gender | |

2. CONTACT DETAILS

Please provide your residential and employment contact details, ensuring that the applicable country code is included for any contact telephone and facsimile numbers listed. Should any contact details change following submission of this Application Form, please notify RANZCOG.

Home Details

| | | | |
|----------------|--|----------------|--|
| Address 1 | | | |
| Address 2 | | | |
| Address 3 | | | |
| Town / Suburb | | | |
| State | | Postcode | |
| Country | | Mobile / Cell | |
| Home Telephone | | Home Facsimile | |
| Home Email | | | |

Work Details

| | | | |
|------------------|--|----------------|--|
| Position / Title | | | |
| Address 1 | | | |
| Address 2 | | | |
| Address 3 | | | |
| Town / Suburb | | | |
| State | | Postcode | |
| Country | | Mobile / Cell | |
| Work Telephone | | Work Facsimile | |
| Work Email | | | |

| Postal Details (if different from above) | | | |
|--|--|----------|--|
| Address 1 | | | |
| Address 2 | | | |
| Address 3 | | | |
| Town / Suburb | | | |
| State | | Postcode | |
| Country | | | |

| 3. COMMUNICATION | | | |
|--|---------------------------------------|---------------------------------------|---|
| <i>Please indicate your preferred postal address and email address to receive communication from RANZCOG</i> | | | |
| Preferred address for correspondence and mailings | Home Address <input type="checkbox"/> | Work Address <input type="checkbox"/> | Postal Address <input type="checkbox"/> |
| Preferred email for correspondence | Home Email <input type="checkbox"/> | Work Email <input type="checkbox"/> | |

| 4. QUALIFICATIONS | | | |
|---|------------------------|---------|----------------|
| <i>To be eligible to apply for Associate Membership of RANZCOG, applicants must be a registered medical practitioners working as a specialist in obstetrics and gynaecology (O&G); please provide details below of medical/specialist qualifications.</i> | | | |
| Qualification | Conferring Institution | Country | Year Conferred |
| | | | |
| | | | |
| | | | |
| | | | |

| 5. CURRENT POST / EMPLOYMENT | | |
|--|-----------------------------------|----------------|
| <i>Applicants seeking to be admitted as Associate Members of RANZCOG must be a registered medical practitioner working as a <u>specialist</u> in O&G; please provide details of <u>current</u> employment post(s).</i> | | |
| Position (e.g. Consultant, GP, Specialist Registrar) | Name of Hospital / Unit / Surgery | Date Appointed |
| | | |
| | | |
| | | |

| 6. QUALIFICATIONS | |
|--|--|
| <i>Applicants must be working as an unsupervised specialist in O&G in Australia or New Zealand (Vocational Scope) and must not be a RANZCOG Fellow; please confirm eligibility below.</i> | |
| <input type="checkbox"/> | I confirm that I am working as a unsupervised specialist in O&G in Australia or New Zealand (Vocational Scope) |
| <input type="checkbox"/> | I confirm that I am not a RANZCOG Fellow |
| Note: RANZCOG Regulation A1 outlines the eligibility for Categories of Membership. Please ensure that you have read these regulations before submitting an application for membership as an Associate Member. | |

| 7. SUPPORTING DOCUMENTATION | |
|---|--|
| <i>Please review the below list of documents to be provided in support of this application and confirm that this documentation is being provided.</i> | |
| <input type="checkbox"/> | Certified copy of primary medical qualification and any qualification in O&G |
| <input type="checkbox"/> | Confirmation of employment letter from current employer, issued on official institutional letterhead and dated within one (1) month of application |
| <input type="checkbox"/> | Certified copy of current medical registration |
| <input type="checkbox"/> | Current Curriculum Vitae |

8. REFEREE DETAILS

Please provide details of two Referees, referees must be current Fellows of RANZCOG and have agreed in support of this application. RANZCOG may decide to contact these individuals for a personal reference.

Referee #1 Details

| | | | |
|---------------------|--|----------------|--|
| Title | | Surname | |
| First Name | | Middle Name(s) | |
| Preferred Telephone | | | |
| Preferred Email | | | |

Referee #2 Details

| | | | |
|---------------------|--|----------------|--|
| Title | | Surname | |
| First Name | | Middle Name(s) | |
| Preferred Telephone | | | |
| Preferred Email | | | |

9. APPLICATION FEE

An application fee is payable at the time of application. Membership applications will not be progressed until the application fee is paid to RANZCOG.

| | | | |
|------------------|-------------------------------|-------------------------------------|--|
| Card Type | Visa <input type="checkbox"/> | MasterCard <input type="checkbox"/> | |
| Cardholders Name | | | |
| Card Expiry | / | (MM/YY) | |
| Card Number | | | |
| Amount Paid | AUD \$170 / NZD \$196 | Signature | |

10. MEMBERSHIP ANNUAL SUBSCRIPTION FEE

An invoice for payment of the Associate Membership annual subscription fee will be issued upon approval of this application and notification of admittance to membership of RANZCOG. Please note that, in accordance with its Constitution, RANZCOG has the absolute right to refuse to admit to membership any person without giving any reason for that decision.

| | |
|--------------------------|--|
| <input type="checkbox"/> | I acknowledge that the current annual subscription fee for an Associate Member is AUD \$1,570 / NZD \$1,806 |
| <input type="checkbox"/> | I agree to pay the applicable annual subscription fee for Associate Membership, as determined by the RANZCOG Board |

12. VERIFICATION OF QUALIFICATIONS AND RELEASE INFORMATION

When assessing applications for College membership, it may be necessary in some instances for RANZCOG to seek verification of an applicant's primary and/or specialist medical qualifications through a third party, notably the Education 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, the applicant will be asked to pay that fee in addition to the standard application fee. Membership applications will not be progressed until the outstanding fee is paid to RANZCOG.

13. PROFESSIONAL CONDUCT STATEMENT AND DECLARATION

Please read the following statement carefully and sign and date the declaration.

- I declare that I am eligible for admission to membership of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) as an Associate Membership and apply to be admitted as such.
- I confirm that all statements and information provided to RANZCOG 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 condition or 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 RANZCOG Constitution and any Regulations or Bylaws made under the RANZCOG Constitution (both in spirit as well as in the letter) and agree to promote the objects of RANZCOG to the best of my ability.
- I agree to submit to the processes of RANZCOG including any penalties, sanctions or disciplinary processes, imposed for violation of the RANZCOG Constitution and/or applicable policies and regulations. I acknowledge and 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 request of RANZCOG.
- I pledge myself, as a condition of membership, to practice in accordance with the objects of RANZCOG and the standards and ethics of RANZCOG and the profession.

Privacy

- I agree and acknowledge that RANZCOG will collect information in relation to me, as a member of RANZCOG.
- I acknowledge that RANZCOG will collect information, as necessary, for the performance of the functions of RANZCOG, in accordance with and on the basis of the RANZCOG'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 RANZCOG 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 RANZCOG.

| | | | |
|-----------|--|------|--|
| Signature | | Date | |
|-----------|--|------|--|

| Office Use Only | |
|-----------------|--|
| Received: | |
| Acknowledged: | |
| Processed: | |
| Outcome: | |