



AUSTRALASIAN COLLEGE  
FOR EMERGENCY MEDICINE

# ELECTION TO FELLOWSHIP

Form Nr:  
Last revised:

TA168  
August 2019

## APPLICATION FOR ELECTION TO FELLOWSHIP

Surname: \_\_\_\_\_ Membership Number: \_\_\_\_\_

Given Names: \_\_\_\_\_

I hereby apply for election to Fellowship of the Australasian College for Emergency Medicine and signify my acceptance of the College Pledge.

### COLLEGE PLEDGE

I hereby pledge myself, as a condition of Fellowship of the Australasian College for Emergency Medicine, to conduct myself in accordance with the Constitution and Regulations of the College.

I agree that all communications made by the College to any other person or made between members of the Council to any other person or made between members of the Council in relation to my Fellowship of the College or to my application for election to Fellowship of the College shall be absolutely privileged and shall for all purposes be deemed to be absolutely privileged communications.

Signature of  
Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of  
Witness \*: \_\_\_\_\_ Date: \_\_\_\_\_

*\* Witness is to be a FACEM.*

*Please print name & qualification below.*

\_\_\_\_\_

**Name for Inscription on Membership Certificate**

\_\_\_\_\_

**(Please complete all personal details overleaf.)**

OFFICE USE ONLY
Date of Election: .....

**MEDICAL BOARD REGISTRATION DETAILS**

Jurisdiction in which registered: \_\_\_\_\_ Registration Number: \_\_\_\_\_ Valid until: \_\_\_\_\_

**PERSONAL / RESIDENTIAL DETAILS**

Date of Birth: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Home Address: \_\_\_\_\_

Postal Address:  as above **OR** \_\_\_\_\_

Contact Numbers: Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**PROFESSIONAL DETAILS**

Work Address: \_\_\_\_\_

Workplace Type:  Public Hospital  Other

Private Hospital (please specify): \_\_\_\_\_

Current Practice:  Emergency Medicine  Non-ED (specify)

Other: (specify) \_\_\_\_\_

Position details: Start Date: \_\_\_\_\_  Full-time  Part-time (usual hpw): \_\_\_\_\_

Contact Numbers: Switch: \_\_\_\_\_ Direct Line: \_\_\_\_\_

ED/Dept.: \_\_\_\_\_ Dept. Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**CONTACT POINTS**

The preferred/most effective means of contact are as follows: (Please check appropriate boxes)

Mail:	Telephone:		Fax:	Email:
<input type="checkbox"/> Home address	<input type="checkbox"/> Home telephone	<input type="checkbox"/> Work (switch)	<input type="checkbox"/> Home fax	<input type="checkbox"/> Home email
<input type="checkbox"/> Work address	<input type="checkbox"/> Mobile	<input type="checkbox"/> Work (ED)	<input type="checkbox"/> Work fax	<input type="checkbox"/> Work email
<input type="checkbox"/> Postal address		<input type="checkbox"/> Work (direct)		

**MEMBERSHIP OF OTHER COLLEGES**

Are you a Fellow of another College?  Yes  No

Please signify which:  CICM  ANZCA  ACRRM  RACGP  RACP

Other (please specify) \_\_\_\_\_

Specify sub-specialty (if applicable): \_\_\_\_\_

**PRIVACY DETAILS**

Are you willing to have your following details released to other Fellows?

i) Home address:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ii) Home contact numbers:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
iii) Home email address:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### FELLOWSHIP APPLICATION FEE 2019/2020

Payment of the appropriate Fellowship Application Fee must accompany the application for election to Fellowship. The amount payable is calculated according to: (1) the month during which election to Fellowship is anticipated; and (2) the country in which the applicant is living and working at the time the application is made.

#### (a) Fee Schedule 'A'

*For applicants who have completed all the requirements of the **FACEM Training Program**.*

**Please check appropriate payment amount.**

*This fee structure consists of:*

- a base application fee
- plus** a pro-rata Fellowship Subscription for the current financial year, less
- less** a pro-rata refund of annual training fee (where appropriate).

Election Period	Australia (including GST)	NZ & OS (no GST)
July – September 2019	<input type="checkbox"/> \$ 3,426	<input type="checkbox"/> \$ 3,077
October – December 2019	<input type="checkbox"/> \$ 3,325	<input type="checkbox"/> \$ 3,022
January – March 2020	<input type="checkbox"/> \$ 1,593	<input type="checkbox"/> \$ 1,336
April – June 2020	<input type="checkbox"/> \$ 1,503	<input type="checkbox"/> \$ 1,291

#### (b) Fee Schedule 'B'

*For applicants who have completed all requirements of the **SIMG Pathway**.*

**Please check appropriate payment amount.**

*This fee structure consists of:*

- a base application fee
- plus** a pro-rata Fellowship Subscription for the current financial year

Election Period	Australia (including GST)	NZ & OS (no GST)
July – September 2019	<input type="checkbox"/> \$ 3,826	<input type="checkbox"/> \$ 3,477
October – December 2019	<input type="checkbox"/> \$ 3,325	<input type="checkbox"/> \$ 3,022
January – March 2020	<input type="checkbox"/> \$ 2,824	<input type="checkbox"/> \$ 2,567
April – June 2020	<input type="checkbox"/> \$ 2,323	<input type="checkbox"/> \$ 2,111

**Note that the above fee only covers the Annual Fellowship Subscription to 30 June 2020. Annual Fellowship Subscription Fees are due yearly in July.**

**Fees ARE payable in Australian currency**

Credit Card No: \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_ : \_\_\_\_\_

Expiry Date: \_\_\_\_\_ : \_\_\_\_\_

**CARD TYPE:**  Visa  MasterCard  AMEX

I, the cardholder named below, authorise ACEM to debit my credit for the amount indicated in the relevant Fee Schedule above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Home Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_