



APPLICATION FOR ADMISSION TO MEMBERSHIP: EDUCATIONAL AFFILIATE

The Board of Governance may admit as Educational Affiliates of ACEM:

- (a) medical practitioners whose qualifications, training and experience have been assessed by the College as sufficient to enable them to practise safely with supervision in a specific position of workforce shortage in Australia;
- (b) suitably qualified medical practitioners, who were not trained in Australia or New Zealand and whose qualifications, training and experience have been assessed by the College as sufficient to enable them to practise safely under peer review;
- (c) suitably qualified medical practitioners, who were not trained in Australia or New Zealand and who are registered within a provisional vocational scope of practice (supervision or assessment) by the Medical Council of New Zealand;
- (d) medical practitioners registered to practise in Australia or New Zealand (as applicable) and whose practice is principally in the area of emergency medicine.

PERSONAL / RESIDENTIAL DETAILS

Surname: _____

First Name(s): _____

Preferred Name: _____

Date of Birth: _____ ACEM ID (if applicable): _____

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 hrs per week): _____

Contact Numbers: Switch: _____ Direct Line: _____

ED/Dept.: _____ Dept. Fax: _____

Email: _____

MEDICAL BOARD REGISTRATION DETAILS

MCNZ		Registration		Valid until: __
Registration:	_____	Number:	_____	
AHPRA		Registration		Valid until: __
Registration:	_____	Number:	_____	

MEMBERSHIP OF OTHER COLLEGES

Are you a Fellow of another College? Yes No

Please signify which: ACRRM ANZCA CICM RACGP RACP

Other (please specify) _____

Specify sub-specialty (if applicable): _____

PRIVACY DETAILS

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

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

DECLARATION

Question 1

Pursuant to the ACEM Constitution and associated regulations, all Educational Affiliates are required to hold current medical registration. Do you have any suspension, condition, restriction or undertaking, other than those routinely associated with your category of registration, imposed on you by a regulatory authority that limits your having unconditional medical registration in Australia, New Zealand or any other country where you reside or practise?

Yes No If 'YES' please provide details:

(Please complete details overleaf)

Question 2

If you answered 'NO' to Question 1 above, are you aware of any complaint or other action that may potentially alter your answer to that question?

Yes No If 'YES' please supply details:

Question 3

Have you been charged or convicted of a criminal offence (other than minor traffic or other trivial offences)?

Yes No If 'YES' please supply details:

Question 4

Are you subject to any restriction or limitation under any mental health law or regulation?

Yes No If 'YES' please supply details:

I declare that the answers to the four questions given above have been completed by me, are true and correct, and I undertake to advise the Chief Executive Officer of the College immediately should circumstances arise to alter any of the responses given.

I further declare that as an Educational Affiliate of the Australasian College for Emergency Medicine, I will faithfully observe the requirements of all applicable College regulations, policies and other College documents, as from time-to-time updated, and further, that I will at all times maintain the highest level of practice in emergency medicine. I understand that if at any time I am declared an unfinancial Educational Affiliate, my name will be removed from the Register of Diploma holders and my membership of the College shall cease.

Full name: _____

Signature: _____

Date: _____

APPLICATION FEE 2018/19

Payment of the appropriate Educational Affiliate Annual Fee must accompany the application for admission to membership as an Educational Affiliate. The amount payable is calculated according to: (1) the month during which admission to membership as an Educational Affiliate is anticipated; and (2) the country in which the applicant is living and working at the time the application is made.

Please select the statement relevant to you:

(a) Fee Schedule 'A': Specialist International Medical Graduate Educational Affiliates

- medical practitioner whose qualifications, training and experience have been assessed by the College as sufficient to enable them to practise safely with supervision in a specific position of workforce shortage in Australia
- suitably qualified medical practitioner, who was not trained in Australia or New Zealand and whose qualifications, training and experience have been assessed by the College as sufficient to enable them to practise safely under peer review
- suitably qualified medical practitioner, who was not trained in Australia or New Zealand and who is registered within a provisional vocational scope of practice (supervision or assessment) by the Medical Council of New Zealand

Please check appropriate payment amount.

Admission Period	2018/19 financial year
July – September 2018	<input type="checkbox"/> \$ 1,601
October – December 2018	<input type="checkbox"/> \$ 1,201
January – March 2019	<input type="checkbox"/> \$ 801
April – June 2019	<input type="checkbox"/> \$ 400

Note that the above fee covers the SIMG Annual Registration Fee and Educational Affiliate Membership Subscription to 30 June 2019. Fees are due yearly in July.

(b) Fee Schedule 'B': Other Educational Affiliates

- medical practitioner registered to practise in Australia or New Zealand (as applicable) and whose practice is principally in the area of emergency medicine.

Please check appropriate payment amount.

Admission Period	Australia (including GST)	NZ & OS (no GST)
July – September 2018	<input type="checkbox"/> \$ 1,245	<input type="checkbox"/> \$ 1,132
October – December 2018	<input type="checkbox"/> \$ 934	<input type="checkbox"/> \$ 849
January – March 2019	<input type="checkbox"/> \$ 623	<input type="checkbox"/> \$ 566
April – June 2019	<input type="checkbox"/> \$ 311	<input type="checkbox"/> \$ 283

Note that the above fee covers the Annual Educational Affiliate Membership Subscription to 30 June 2019. Fees are due yearly in July.

I wish to enrol in the ACEM Specialist CPD Program;

Or

I wish to enrol in the ACEM Non-Specialist CPD Program.

(Please complete payment details overleaf)

PAYMENT

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 card for the amount indicated in the relevant Fee Schedule above.

Signature: _____

Date: _____

Cardholder's Name: _____

Home Tel: _____

Mobile: _____