

# EMERGENCY MEDICINE DIPLOMA ENROLMENT FORM

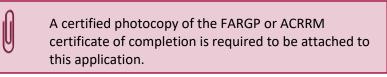
This form is to be used for enrolment in the Emergency Medicine Diploma at the Australasian College for Emergency Medicine (ACEM).

Any enquiries should be directed to ACEM, via email <u>EMCD@acem.org.au</u> or phone +61 3 9320 0444.

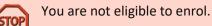
SECTION A: Eligibility for Enrolment			
Have you previously been registered with ACEM?	NO <b>Solution 2</b> YES <b>ACEM Membership Number:</b>		
	Trainees who wish to enrol in the Diploma program must first terminate their participation on the ACEM Fellowship Training program as they cannot be enrolled in both programs at the same time.		
Do you have registration with either the Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Council of New Zealand (MCNZ)?	YES Provide your registration number for the relevant medical board AHPRA MCNZ NO If you are not registered with one of these boards, you are not eligible to enrol.		
Are you in PGY 3 or above?	YES <b>Go to question 4</b> NO You are not yet eligible to enrol.		

- 4. Do you hold one of the following prerequisites?
- □ YES Please indicate:
  - ACEM Emergency Medicine Certificate (EMC)
  - □ FARGP Advanced Rural Skills Training (ARST) in Emergency Medicine
  - ACRRM Advanced Specialist Training (AST) in Emergency Medicine

Date of completion:



# 



5. Will you be working at YES  $\square \triangleright$  Go to question 6 least 0.5 FTE NO (minimum of 19 hours per week) in an emergency department for the duration of the program?

You are not eligible to enrol as you are not working at least STO 19 hours per week in an emergency department.

- 6. Please detail your prospective time towards the EMD.
  - 18 months FTE in an emergency department (if completing the Alternate Critical Care Pathway)

OR

 12 months FTE in an emergency department plus critical care component of 6 months FTE anaesthetics or 3 months FTE anaesthetics and 3 months FTE intensive care medicine.

Note 1: Please contact EMCD@acem.org.au if you wish to apply for RPL for the critical care component of the EMD.

Note 2: Training may be undertaken in blocks of not less than 6 FTE weeks.

Note 3: EMD trainees are required to complete the EMD within a 5 year timeframe.

ED start date	ED end date	Hospital	Hrs/ week	Position
Current	1/12/17	St Vincent's Melbourne	40	RMO

# SECTION B: Applicant's Personal Details

Please provide your full name, date of birth and contact details.

Title			
	OTHER		
Family name	First name		
Middle name(s)	Preferred name		
Date of birth (DD/MM/YY)			
Sex			
Male 🗌 Female 🗌 Indeterminate/Int	ersex/Unspecified 🗌		
Residential address (e.g. Unit 1A, 14 City Road)			
Suburb/Town			
State/Territory/International province Po	ostcode/ZIP Country (if outside Australia)		
Preferred Phone	Alternate Phone		
Email Address			

# Postal address (if different to your residential address).

Postal address (e.g. Level 3, 14 City Road or PO Box 12)		
State/Territory/International province		
Country (if outside Australia)		

### **SECTION C: Educational Details**

Basic medical degree	Year conferred
University	
If qualification obtained outside Australia or New Zealand, specify <i>city a</i>	nd country also

Are you a Fellow of a medical college(s)? If yes, please list below.

Are you a current trainee in a specialist training program? If yes, please list below.

#### **SECTION D: Indigenous Status**

The Australasian College for Emergency Medicine, in association with the Council of Presidents of Medical Colleges, is collecting workforce data to ascertain the numbers of indigenous Fellows and trainees working in Australia and New Zealand.

By answering these questions, you are contributing to the collection of valuable information which will assist the College to design and implement an effective training program including designing relevant and culturally appropriate learning material.

The following questions are voluntary.

Are you of Aboriginal and/or Torres Strait Islander origin?	For persons of both Aboriginal and Torres Strait Islander origin, mark both 'YES' boxes.			
	NO 🗌	YES, Aboriginal 🗌	YES, Torres Strait Islander 🗌	
Do you identify as a Māori?		YES 🗌		

#### **SECTION E: Supervisor Details**

#### This section must be completed and signed by your Primary EMD Supervisor.

Primary EMD Supervisor Name		
Hospital/s where trainee will be supervised		
Preferred Phone		
Email		
I confirm that I am an approved EMCD supervisor (FACEM or Dipl	omate who has completed the	
Clinical Teaching Course) and I have agreed to supervise the applicant for the Emergency		
Medicine Diploma.		
Signature	Date	

## **SECTION F: Declaration by Applicant**

I hereby apply for enrolment in the Emergency Medicine Diploma course of the Australasian College for Emergency Medicine. I acknowledge that I have read and understood the information provided on this enrolment form and in Regulation D Emergency Medicine Certificate and Emergency Medicine Diploma Training Programs.

I declare that the information provided on this enrolment form is accurate and complete to the best of my knowledge. Date

Signaturé

# SECTION G: How did you hear about us?

#### How did you hear about the EMD program?

□ I have completed the EMC

□ Colleague

Supervisor

Conference (please specify) \_\_\_\_

Other (please specify) \_

SECTION H: Payment Details				
Select the enrolment fee applicable to you				
Option A: Up-front payment				
Australia	AUD \$6,345.00			
New Zealand	AUD \$5,775.00			
Option B: Payment in 3 instalments				
First instalment payable upon enrolment, two further 6-monthly instalments payable on receipt of invoice.				
Australia AUD \$2,115.00 per instalment				
New Zealand AUD \$1,925.00 per instalment				

You will receive an invoice by email with instructions of how to pay your program fee.

Please send the completed enrolment form, along with any attachments by email or fax to:

Email: EMCD@acem.org.au Fax: (03) 9320 0400

Note: Do not post the form to us in the mail as we are not currently working in the office.