APPLICATION FOR FINANCIAL EXEMPTION OR CONCESSION

Name: ........................................................................................................ Membership No: ........................................

Please tick the box most appropriate to your circumstances.

1. Grounds for Financial Exemption

☐ Not be practising any form of medicine for the whole of the financial year to which the subscription relates due to incapacitating illness.

☐ Working solely in a humanitarian or similar voluntary field

An exemption granted on this basis will be ongoing while the Fellow continues to work solely in that field.

2. Grounds for Concession

☐ Over the age of 65 years, but continuing to practice emergency medicine.

A concession granted on this basis will be ongoing until the Fellow becomes a Retired Fellow.

☐ Practising in a field of medicine other than emergency medicine for at least the whole of the financial year to which the subscription relates.

A concession will not be granted where the FACEM qualification is deemed to have contributed towards the Fellow’s obtaining his or her current clinical position or where a direct benefit is deemed to have been obtained as a result of that qualification. No concession applies to those training in another specialty until training is completed, Fellowship of the other College is granted and the individual is practicing in that specialty.

☐ Has resided, and continues to reside, overseas for a continuous period of one year.

☐ Taking unpaid maternity leave/or working part-time (20 hours or less per week) after childbirth. The maximum period any concession may apply is 12 months per confinement.

Details of part-time work and evidence of reduced income are to be submitted with this application.

☐ Undertaking full-time study and not working at all.

Continuing Professional Development

Provisions marked with an asterisk (*) may be eligible for a CPD exemption.

☐ I also wish to apply for a CPD Exemption.

ENSURE THAT SUPPORTING INFORMATION / DOCUMENTATION ACCOMPANIES YOUR APPLICATION.

CONCESSION APPLICATIONS ARE TO BE ACCOMPANIED BY PAYMENT OF 50% OF THE FULL SUBSCRIPTION FEE.

Start date of exemption/concession: ........................................ End date of exemption/concession: .............................

Details of application: ..............................................................................................................................................

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Signature: ................................................................................................. Date: ..............................................................

OFFICE USE ONLY

50% of fee received? ☐ Yes ☐ No Application approved? ☐ Yes ☐ No Duration: