

**AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS**

ABN 82 055 042 852

**FACULTY OF PAIN MEDICINE  
APPLICATION TO PRESENT FOR EXAMINATION  
FOR  
FELLOWSHIP FACULTY OF PAIN MEDICINE**

SURNAME: .....  
(BLOCK LETTERS)

OTHER NAMES: .....  
(BLOCK LETTERS)

ADDRESS (to which Examination Notices can be sent): .....  
.....  
.....

HAVE YOU REGISTERED FOR TRAINING? .....

HAVE YOU FORWARDED DOCUMENTARY EVIDENCE OF -

(1) QUALIFYING DEGREE OR DIPLOMA.....

(2) MULTIDISCIPLINARY PAIN MEDICINE EXPERIENCE IN ACCORDANCE WITH PROFESSIONAL DOCUMENT PM2?

.....  
(IF NOT, THESE MUST ACCOMPANY THIS APPLICATION)

**I hereby apply to be admitted to the forthcoming Faculty of Pain Medicine, ANZCA Examination and enclose AUD\$4,368 in payment.**

**Signature of Candidate** .....

**Date of Application** .....

**IMPORTANT NOTICE**

This application must be completed and returned to the General Manager, Faculty of Pain Medicine, ANZCA, 630 St Kilda Road, MELBOURNE 3004, together with the full amount of the fee. Credit Card facilities, cheques or drafts to be made payable to ANZCA and crossed "Not Negotiable Bank Account Payee Only". See Over

APPROVED ..... ASSESSOR ..... DATE

APPLICATION WILL NOT BE ACCEPTED  
WITHOUT PASSPORT QUALITY PHOTOGRAPHS  
ATTACHED TO THIS FORM

**Note Regulation 5.5**

Trainees wishing to present for the Examination are required to:

- 5.5.1 Apply on the approved form
- 5.5.2 Submit the required documents
- 5.5.3 Pay the prescribed training and examination fees
- 5.5.4 Ensure that the above items are received by the Faculty Executive Officer at least 45 days before the commencement date of the examination

ARE YOU OCCUPYING AN APPROVED TRAINING POST? IF SO, AT WHICH HOSPITAL?

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Attach PHOTO Here

**DO NOT cover small boxes at top**

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.....

PRINT NAME

---

.....

SIGNATURE



Attach PHOTO Here

**DO NOT cover small boxes at top**

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PRINT NAME

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SIGNATURE

**DETAILS ON REVERSE MUST BE COMPLETED**

