CONTINUING PROFESSIONAL DEVELOPMENT  
CPD Enrolment Application Form - 2024

(For Medical Practitioners who are not Fellows or Trainees of the RANZCP)



**RANZCP Trainees are automatically enrolled in the RANZCP CPD program following completion of the RANZCP Training program and subsequent admission to Fellowship. RANZCP Trainees on prolonged breaks have a separate CPD program with automatic enrolment.**

1. **Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Professor: | Doctor: | Other: | Civil Honors: |

|  |  |
| --- | --- |
| Family name: | Given Name(s): |

1. **Current preferred postal address**

|  |  |  |
| --- | --- | --- |
| Organisation: |  | |
| Building: |  | Number & Street: |
| Suburb/Town: |  | State: |
| Postcode: |  | Country: |

1. **Contact Details**

|  |  |  |
| --- | --- | --- |
| Work Telephone: | Mobile: | Work Facsimile: |
| E-mail: | | |

|  |  |
| --- | --- |
| **3a. Date of Birth** | **3b. Year of arrival in Australia / New Zealand** |
| /     / |  |
| **3c. Gender** | |
| Man  Woman  Non-binary/gender diverse  My gender is not listed: | |

*Write dates as dd/mm/yyyy*

1. **College Details**

*Please indicate your status within the College*

|  |  |  |
| --- | --- | --- |
| College Affiliate? | Yes | No |
| RANZCP Fellow? | Yes | No |

1. **Qualifications**

5.1 Basic medical qualifications:

|  |  |  |  |
| --- | --- | --- | --- |
| Degree Name: | Awarding Institutions: | Country: | Year obtained: |
|  |  |  |  |
|  |  |  |  |

5.2 Medical Registrations

*Please list below all current medical registrations (including specialist registration)*

|  |  |
| --- | --- |
| State | Country |
|  |  |
|  |  |

5.3 Specialist Psychiatry Qualifications

*Please list below all current medical registrations (including specialist registration)*

|  |  |  |  |
| --- | --- | --- | --- |
| Degree/Diploma: | Awarding Institutions: | Country: | Year obtained: |
|  |  |  |  |
|  |  |  |  |

### 2024 CPD Enrolment Fees

### $AUD / NZD 2,361\* INCLUDING GST\*

*Please do not include any payment details on this form – you will be contacted by the College regarding payment.*

*\*Pro-rata fees are available for those joining part way through the calendar year. Please contact the team if you have any questions via* [*cpdhelp@ranzcp.org*](mailto:cpdhelp@ranzcp.org)

**Application process:**

* **Completed form received by the CPD Team at the College via** [**cpdhelp@ranzcp.org**](mailto:cpdhelp@ranzcp.org) **– note that forms from previous years cannot be accepted.**
* **Payment method details will then be forwarded to the applicant by reply email.**
* **Enrolment is activated on confirmation of payment.**
* **Applicant is informed of enrolment via email – including a tax receipt and further information about the CPD program.**

Please return form:

By email to [**cpdhelp@ranzcp.org**](mailto:cpdhelp@ranzcp.org)

By fax to:  **ATTENTION: CPD Administration, Fax + 61 3 9642 5652**