

# Trainee Membership Application Form

## The ASA vision and mission

The ASA vision is to **support, represent** and **educate** our members to enable the provision of the safest anaesthesia to the community.

The ASA mission is to enable medical practitioners in the specialty of anaesthesia to achieve best practice in the following:

- Safe, high quality patient care,
- Engagement in planning and delivering health care services,
- Compliance with professional obligations,
- Continuing Medical Education, research and publications,
- Personal health and welfare,
- Leading advocacy on economic, industrial and workplace issues,
- Preservation of the history of the specialty.

## Trainee Membership

The following persons are qualified to apply for Trainee Membership:

- (a) Medical practitioners who are training to become anaesthetists and who are registered with the Australian and New Zealand College of Anaesthetists (ANZCA).

The trainee categories available are outlined below:

<b>Training level</b>	Resident Medical Officer (RMO)
<b>FANZCA year</b>	PMET (registered with ANZCA)

**Annual membership rate** complimentary membership

<b>FANZCA year</b>	Introductory Training or Basic Training
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**Annual membership rate** complimentary membership

<b>FANZCA year</b>	Advanced Training or Provisional Fellowship Training
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**Annual membership rate** 30% of Ordinary member rate

## Benefits of Membership

Once membership is approved, Trainees automatically join the ASA Trainee Members Group (formerly known as GASACT) whose mission is to represent and promote the interests of trainee members of the ASA in Australia and internationally. As a Trainee member, you will be entitled to a range of benefits, outlined below:

- Anaesthesia and Intensive Care Journal
- Advanced Trainees receive a copy of the Anaesthetic Crisis Manual
- Complimentary Part 0 & Part III courses for registrars
- Reduced registration fees to the National Scientific Congress (NSC)
- ASA Advanced/Provisional Fellow Trainees or first year Ordinary members may claim one complimentary NSC/CSC registration (excludes travel, accommodation, sundry expenses, supplementary activities and workshops).
- Australian Anaesthetist Magazine

## How to apply for membership

### Online

You can complete your application form online via our website at [www.asa.org.au](http://www.asa.org.au) – simply click on the Membership Tab and then choose 'How to Join' from the drop down menu and follow the prompts to apply online.

### Hardcopy

Complete the form overleaf and return to the ASA for processing:

email: [membership@asa.org.au](mailto:membership@asa.org.au)

fax: 02 8556 9750

mail: PO Box 6278, North Sydney NSW 2059, Australia

Your application will need to be proposed by an ASA Ordinary Member. If you do not know an ASA Ordinary Member please contact the ASA Membership team on 1800 806 654 who will be able to assist you in this matter.

Your application will be acknowledged upon receipt by our Membership team. The application will then be forwarded to the relevant State Chair and then to the Membership Application Committee for approval. This process may take up to five weeks depending when the Committee next meets.

# Trainee Membership Application Form

## Section 1 – Personal & Contact Details

Title: \_\_\_\_\_ Family name: \_\_\_\_\_ Given names: \_\_\_\_\_  
Date of birth (dd/mm/yyyy): \_\_\_\_\_ Gender:  Female  Male  Non-Binary Nationality:  Indigenous Australian  Other  
Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_ Country: \_\_\_\_\_  
Email address (A valid email address is required to receive e-news broadcasts.) \_\_\_\_\_  
Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Do not display details Unless indicated in the "Do not display details" box, your Full Name, State of Residency and Membership Category details will be published in the ASA magazine.

## Section 2 – Membership Details

I would like to apply for (please specify year and complete relevant details):

PMET (registered with ANZCA and commencing FANZCA training in the following year). Training Commencement Date: (DD/MM/YY): \_\_\_\_\_  
 Introductory / Basic Trainee Basic Training Commencement Date (DD/MM/YY): \_\_\_\_\_  
Expected Commencement Date for Advanced Training (DD/MM/YY): \_\_\_\_\_

Please note: Basic Trainees will be automatically transferred to the next level of training (i.e. I-BT transfers to A-PFT) two years from your basic training commencement date. If your studies have been extended or deferred contact the ASA at [membership@asa.org.au](mailto:membership@asa.org.au) so we may amend our records

Advanced / Provisional Fellow Trainee Expected Completion Date for Training (DD/MM/YY): \_\_\_\_\_

Advanced Trainees will automatically be transferred to Ordinary membership upon successful admission to ANZCA Fellowship.

What is the main reason(s) for joining the ASA? You may select more than one.

Representation & lobbying to government  Access to publications and resources  Overseas Aid  
 Education and professional development  Special Interest Groups  Events  
 Other, please specify: \_\_\_\_\_

## Section 3 – Tertiary Qualifications

Undergraduate Qualifications	University	Year of graduation
_____	_____	_____
_____	_____	_____

Post-graduate Qualifications	Year of graduation	Post-graduate Qualifications	Year of graduation
_____	_____	_____	_____
_____	_____	_____	_____

## Section 4 – Employment Details

Hospital	Position	Start date	Finish date
_____	_____	_____	_____
_____	_____	_____	_____

## Section 5 – Proposer Details - Please print name and sign

I being an Ordinary member of the Australian Society of Anaesthetists propose the applicant be granted membership of the ASA.

**Proposer's Name:** \_\_\_\_\_  
**Proposer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Section 6 – Applicant's Declaration - Please print name and sign

I declare that the information given in this application is true and correct. I agree to abide by the ASA's Constitution & Bylaws.

**Applicant's Name:** \_\_\_\_\_ **Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

ASA office use only (sign and date)

Membership \_\_\_\_\_ Date \_\_\_\_\_  
State Secretary \_\_\_\_\_ Date \_\_\_\_\_  
CEO \_\_\_\_\_ Date \_\_\_\_\_

Privacy

The Australian Society of Anaesthetists (ASA) collects your personal information so that we can properly represent the economic, workforce and professional interests of Australian anaesthetists. The ASA will take reasonable steps to keep your information secure and confidential, and will not, except as required by law, disclose your personal information to third parties without your consent. The ASA respects your right to access your personal information and encourages you to contact us, should you wish to amend, change or otherwise advise the ASA about the use of your personal information. Further advice about personal information can be found on the Office of the Australian Information Commissioner website at: [www.oaic.gov.au](http://www.oaic.gov.au)

