



**College of Intensive Care Medicine
of Australia and New Zealand**

ABN: 16 134 292 103

APPLICATION TO PRESENT FOR FELLOWSHIP EXAMINATION IN INTENSIVE CARE

Application category: **General Fellowship** **Paediatric Fellowship**

SURNAME: (BLOCK LETTERS).....

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

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

EMAIL ADDRESS:..... **TELEPHONE NO:**.....

PLEASE ENSURE YOU HAVE PROVIDED A CURRENT EMAIL ADDRESS AS IMPORTANT EXAMINATION NOTICES WILL BE FORWARDED VIA EMAIL.

CITY IN WHICH CANDIDATE WISHES TO SIT:

WRITTEN SECTION:.....DATE:.....

ORAL SECTION:.....

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

NOTE REGULATION 5.15.2
Application to present for the Fellowship Examination must be made on the approved form and must include the required documents and the prescribed fee. The completed application must be received by the Co-ordinator, Training and Exams at least 56 days before the commencement date of the Written Examination.

..... PRINT NAME		
..... SIGNATURE		

..... PRINT NAME		
..... SIGNATURE		

SENSOR APPROVED:..... DATE..... (OFFICE USE ONLY)

IMPORTANT NOTICE

This application must be completed and returned to the Training and Examinations Coordinator, College of Intensive Care Medicine, Suite 101, 168 Greville Street PRAHRAN VIC 3181, together with the full amount of the fee. Cheques or drafts to be made payable to the College of Intensive Care Medicine and crossed "Not Negotiable Bank Account Payee Only".
CREDIT CARD FACILITIES - See over

