

RANZCP Australian Affiliate Membership

Application form



This application form is to be completed personally by the applicant.

Eligibility criteria

To apply for, and to hold, Affiliate membership, **you must:**

- hold either an overseas specialist qualification in psychiatry that allows you to practice as a psychiatrist in the country where you trained, OR an Australian Diploma of Psychological Medicine (DPM) qualification granted up until 1994, AND
- be currently employed as a specialist psychiatrist in Australia (whether as a RANZCP Substantial Comparability candidate on the Specialist Pathway, or otherwise) OR be enrolled with the RANZCP as a Partial Comparability candidate on the Specialist Pathway.

Personal details

RANZCP ID (optional)

Title

First name

Middle name

Last name

Postal address

Suburb

State

Postcode

Country

Mobile

Work phone

Home phone

Email

Date of birth

Gender

My gender is not listed, I identify as

By choosing to respond to this voluntary question, you will assist with the College's commitment to improving the mental health of communities and to enhancing support for our workforce. Refer to 'Other Information' at the end of this form for details.

Please indicate if you identify as:

Aboriginal

Torres Strait Islander

Māori

Pasifika

Qualifications

What is your specialist psychiatry qualification currently registerable in Australia?

Any other relevant qualifications:

Comparability Pathway status

Are you currently enrolled with the RANZCP as a Substantial or Partial Comparability candidate on the Specialist Pathway?

Substantial Comparability candidate

Partial Comparability candidate

Neither

What is your estimated completion date of the Specialist Pathway (if you are either of the above)?

Current practice details – *specialist psychiatrists only to complete*

If you are currently registered as a specialist psychiatrist, and working as a specialist psychiatrist, please fill out the details below:

Employer

Place of employment

Position held

Employer address

Suburb

State

Postcode

Country

Phone

Proposer and seconder

Proposed by

RANZCP Fellow

RANZCP Affiliate

Signature

Date

Secoded by

RANZCP Fellow

RANZCP Affiliate

Signature

Date

**Please note that either the proposer or the seconder must be a RANZCP Fellow.*

The other signatory must be either a RANZCP Fellow or Affiliate.

Declaration

I am not currently, or likely to be, subject to any investigation into my clinical practice as a result of a complaint, or for any other reason, in Australia or any other country.

I solemnly affirm that, if accepted as an Affiliate Member of the Royal Australian and New Zealand College of Psychiatrists, I shall promote the objects of this College to the best of my ability, I admit that I am bound by the [Constitution of this College](#) and the By-laws for the time being in force. I promise to obey these, and regulations made thereunder, in spirit as well as in the letter, submitting myself to the lawful authority of the Board. I pledge myself, in the practice of psychiatry, ever to have regard to the highest standards of professional service to patients and to the honour of the College.

If I am found in breach of the College code of conduct or code of ethics, my Affiliate status may be withdrawn without reimbursement of fees.

I understand that my Affiliate membership of the RANZCP will become effective once approved by the relevant Branch Committee, approved by the RANZCP Board, and payment of annual Affiliate fees has been received.

Further to the above, I understand that in order to maintain my Affiliate membership of the RANZCP, I must continue to meet the requirements of membership, and pay annual fees by the required date. Should I fail to do so, my Affiliate status may be withdrawn.

Signature

Date

Please return this form to memberhelp@ranzcp.org, along with the following supporting documentation:

- ***your current CV***
- ***documents confirming your current employment as a specialist and/or status as a RANZCP Comparability candidate***
- ***letter of good standing***

- *evidence of current practising registration with AHPRA*
- *certified copies of your psychiatric qualification/s.*

For any queries, please contact memberhelp@ranzcp.org or phone 1800 337 448 (toll-free from Australia).

Other information

An Aboriginal and/or Māori and/or Pasifika and/or Torres Strait Islander is a person of Aboriginal and/or Māori and/or Pasifika and/or Torres Strait Islander descent who identifies as an Aboriginal and/or Māori and/or Pasifika and/or Torres Strait Islander.

By answering this voluntary question, you are contributing to the collection of accurate information on the College's membership. This information will assist in the planning and provision of culturally appropriate and improved College services and to advise you of specific activities and events.

Collection and use of the information you provide is in accordance with the [College's Privacy Policy](#).