

# RACMA

THE ROYAL AUSTRALASIAN COLLEGE OF MEDICAL ADMINISTRATORS

ACN 004 688 215  
10/1 Milton Parade  
Malvern Vic 3144  
(03) 9824 4699

<http://www.racma.edu.au>

email: [info@racma.edu.au](mailto:info@racma.edu.au)



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## APPLICATION FOR RACMA AFFILIATE MEMBERSHIP

This membership category is for medical practitioners who wish to join RACMA and participate in the benefits of membership.

Benefits include:

- Receive the RACMA journal *The Quarterly* & regular e-newsletters
- Employment Notices
- Discounts to the RACMA Annual Conference
- Information about Conferences & workshops
- Invitation to an annual networking function

### Instructions

1. Complete all parts of this form and sign the declaration form.
2. Submit the completed application form, accompanying documentation and application fee to the National Office of the College.
3. Return this form and all attachments to:

**The Chief Executive**

**The Royal Australasian College of Medical Administrators**

**10/1 Milton Parade, Malvern, Vic 3144**



Accompanying documentation	Attached	Office Use
Photocopy of your current medical registration (Australian or New Zealand only accepted)		
Photocopy of your original medical degree		
Your Curriculum Vitae, listing details of: <ul style="list-style-type: none"><li>• all positions from internship to the present date including appointment dates / organisation, location and supervisor where relevant</li><li>• all clinical and administrative experience including the percentage of total time allocated to each</li><li>• any publications.</li></ul>		
Application/Annual Subscription Fee (cheque or card details)		

## Note

- ❖ The College undertakes to acknowledge receipt of the application within 10 working days.
- ❖ Incomplete forms will not be assessed.
- ❖ Assessment of applications cannot commence until all required documentation has been received, including curriculum vitae, certified copies of qualifications and academic results and medical registration. Scans of certified copies are acceptable.



## Part A: Personal Details

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Date of birth      D   D   M   M   Y   Y   Y   Y

Home Address \_\_\_\_\_

Home email \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile \_\_\_\_\_

Are you an Aboriginal/Torres Strait Islander?

- No
- Yes, Aboriginal
- Yes, Torres Strait Islander

## Part B: Professional Details

Current position \_\_\_\_\_

Employer \_\_\_\_\_

Work address \_\_\_\_\_

Telephone \_\_\_\_\_

Fax \_\_\_\_\_

Work email \_\_\_\_\_

Preferred communication method:

Postal address for correspondence       Home       Work

Email address for correspondence       Home       Work

## Part C: Education

### I. Qualifying Medical Degree:

Title \_\_\_\_\_

University \_\_\_\_\_

Country \_\_\_\_\_

Year of Graduation \_\_\_\_\_



Other Degrees or Diplomas

Yes

No

*(If 'YES', please provide details below)*

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➤ *Please attach certified copies of your medical degree, testamur and other qualifications*

## **II. Fellowships:**

Are you a member of another Medical College(s)?

Yes

No

If 'Yes', please provide details (College and year, membership type)

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Are you currently undertaking training towards Fellowship of another medical College?

Yes

No

If 'Yes', which College(s):

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## ***Part D: Registration***

Are you currently registered as a Medical Practitioner in Australia or New Zealand

Yes

No

**If 'Yes', Please attach a copy of current certificate of registration**

Registration number \_\_\_\_\_ Expiry date D D M M Y Y Y Y

## ***Part E: Clinical Experience***

Please attach curriculum vitae which include details of each position held since graduation (including intern year).



## Part F: Interest in Medical Management

Please tick the items you are most interested in:

RACMA journal <i>The Quarterly</i> & regular e-newsletters	
Employment Notices	
Discounts to the RACMA Annual Conference	
Information about conferences & workshops	
Invitation to an annual networking function	
Other (please specify)	

## Part G: Declaration

I hereby apply for Affiliate membership of the Royal Australasian College of Medical Administrators.	
I certify that the information supplied above and in the attachments is true and correct.	
I will notify the College of changes to my personal or professional details and undertake to pay all fees by the due date.	
I undertake to pay all fees by the due date	
I authorise the College to place my details on the College (Company) Register.	

Signature.....

Date.....

## Part H: Privacy Policy

RACMA is required by the Information Privacy Act 2000 (Victoria) and the Commonwealth Privacy Act 1988 to take reasonable steps to ensure that Applicants are aware of certain details including the purposes for which their personal information is collected and the organizations to which it may be disclosed. RACMA will comply with the state and Commonwealth information privacy principles established by these Acts. Please also refer to the College [Privacy Policy](#) which is available on the College website.

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## APPLICATION PAYMENT FORM

Please refer to the website for [current fees](#).

Australian Applicant

New Zealand Applicant

\* NZ Applicants will not be charged GST

Payment by:

**Cheque** please post to:  
RACMA Candidate Applications  
The Royal Australasian College of Medical Administrators  
10/1 Milton Parade, Malvern, Vic 3144

**Credit card** please provide payment details below:

Applicant Name \_\_\_\_\_

Amount\* AUD \_\_\_\_\_  MasterCard  Visa

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_ Expiry Date M M Y Y

Signature: \_\_\_\_\_

**Note: Application fees are non-refundable**