

APPLICATION FORM

FDRHMNZ ad eundem gradum for holders of the FACRRM qualification

Before completing this form, please read the current [Fellowship Regulations](#).

If you are uncertain about any aspect of this application, please contact the College on +64 4 496 5999 or email drhmnz@rnzcgp.org.nz.

1. Personal details – please provide name as registered with the Medical Council of New Zealand (MCNZ)

Title: Surname: First names:

Prefer to be known as (if different from first name):

Gender (e.g. male, female, non-binary). I identify as: (fill in the blank)

or: I prefer not to disclose

Date of birth: / /

Preferred email address (individual):

Home address:

City/town: Postcode:

Home phone: () Mobile:

Current practice name:

Practice address:

City/town: Postcode:

Work phone: ()

Preferred mailing address: Home Practice

To which ethnic group(s) do you belong? (NOTE: nec = not elsewhere classified)

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Finnish | <input type="checkbox"/> Pacific Peoples nec |
| <input type="checkbox"/> African American | <input type="checkbox"/> Flemish | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> African nec | <input type="checkbox"/> French | <input type="checkbox"/> Palestinian |
| <input type="checkbox"/> Afrikaner | <input type="checkbox"/> German | <input type="checkbox"/> Papua New Guinean |
| <input type="checkbox"/> Albanian | <input type="checkbox"/> Ghanaian | <input type="checkbox"/> Peruvian |
| <input type="checkbox"/> Algerian | <input type="checkbox"/> Greek | <input type="checkbox"/> Pitcairn Islander |

Ethnicities continue on next page.



| | | |
|---|--|---|
| <input type="checkbox"/> American | <input type="checkbox"/> Hawaiian | <input type="checkbox"/> Polish |
| <input type="checkbox"/> Anglo Indian | <input type="checkbox"/> Hong Kong Chinese | <input type="checkbox"/> Portuguese |
| <input type="checkbox"/> Arab | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Puerto Rican |
| <input type="checkbox"/> Argentinian | <input type="checkbox"/> Icelandic | <input type="checkbox"/> Punjabi |
| <input type="checkbox"/> Armenian | <input type="checkbox"/> Indian nec | <input type="checkbox"/> Romani |
| <input type="checkbox"/> Asian nec | <input type="checkbox"/> Indian Tamil | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> Assyrian | <input type="checkbox"/> Indigenous American | <input type="checkbox"/> Rotuman |
| <input type="checkbox"/> Australian | <input type="checkbox"/> Indigenous Australian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Austrian | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Iranian/Persian | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> Belgian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> Belorussian | <input type="checkbox"/> Irish | <input type="checkbox"/> Seychellois |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Israeli/Jewish | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Italian | <input type="checkbox"/> Singaporean Chinese |
| <input type="checkbox"/> Bolivian | <input type="checkbox"/> Jamaican | <input type="checkbox"/> Sinhalese |
| <input type="checkbox"/> Bosnian | <input type="checkbox"/> Japanese | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Jordanian | <input type="checkbox"/> Slovak |
| <input type="checkbox"/> British nec | <input type="checkbox"/> Karen | <input type="checkbox"/> Slovenian |
| <input type="checkbox"/> Bulgarian | <input type="checkbox"/> Kenyan | <input type="checkbox"/> Solomon Islander |
| <input type="checkbox"/> Burmese | <input type="checkbox"/> Kiribati | <input type="checkbox"/> Somali |
| <input type="checkbox"/> Burundian | <input type="checkbox"/> Korean | <input type="checkbox"/> South African European |
| <input type="checkbox"/> Cambodian | <input type="checkbox"/> Kurd | <input type="checkbox"/> South African Indian |
| <input type="checkbox"/> Cambodian Chinese | <input type="checkbox"/> Lao | <input type="checkbox"/> South Slav nec |
| <input type="checkbox"/> Canadian | <input type="checkbox"/> Latin American nec | <input type="checkbox"/> Southeast Asian nec |
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> Latvian | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> Celtic | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Sri Lankan nec |
| <input type="checkbox"/> Channel Islander | <input type="checkbox"/> Lithuanian | <input type="checkbox"/> Sri Lankan Tamil |
| <input type="checkbox"/> Chilean | <input type="checkbox"/> Macedonian | <input type="checkbox"/> Sudanese |
| <input type="checkbox"/> Chin | <input type="checkbox"/> Malay | <input type="checkbox"/> Swedish |
| <input type="checkbox"/> Chinese nec | <input type="checkbox"/> Malaysian Chinese | <input type="checkbox"/> Swiss |
| <input type="checkbox"/> Colombian | <input type="checkbox"/> Malaysian Indian | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> Congolese | <input type="checkbox"/> Maldivian | <input type="checkbox"/> Tahitian |
| <input type="checkbox"/> Cook Islands Māori | <input type="checkbox"/> Maltese | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> Cornish | <input type="checkbox"/> Manx | <input type="checkbox"/> Thai |
| <input type="checkbox"/> Croatian | <input type="checkbox"/> Māori | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> Cypriot | <input type="checkbox"/> Mauritian | <input type="checkbox"/> Tokelauan |
| <input type="checkbox"/> Czech | <input type="checkbox"/> Mexican | <input type="checkbox"/> Tongan |

Ethnicities continue on next page.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dalmatian | <input type="checkbox"/> Middle Eastern nec | <input type="checkbox"/> Turkish |
| <input type="checkbox"/> Danish | <input type="checkbox"/> Mongolian | <input type="checkbox"/> Tuvaluan |
| <input type="checkbox"/> Dutch | <input type="checkbox"/> Moroccan | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> Ecuadorian | <input type="checkbox"/> Nauruan | <input type="checkbox"/> Uruguayan |
| <input type="checkbox"/> Egyptian | <input type="checkbox"/> Nepali | <input type="checkbox"/> Venezuelan |
| <input type="checkbox"/> English | <input type="checkbox"/> New Caledonian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Eritrean | <input type="checkbox"/> New Zealand European | <input type="checkbox"/> Vietnamese Chinese |
| <input type="checkbox"/> Estonian | <input type="checkbox"/> New Zealander | <input type="checkbox"/> Welsh |
| <input type="checkbox"/> Ethiopian | <input type="checkbox"/> Ni Vanuatu | <input type="checkbox"/> Zambian |
| <input type="checkbox"/> Eurasian | <input type="checkbox"/> Nigerian | <input type="checkbox"/> Zimbabwean European |
| <input type="checkbox"/> European nec | <input type="checkbox"/> Niuean | <input type="checkbox"/> Prefer not to answer |
| <input type="checkbox"/> Fijian | <input type="checkbox"/> Norwegian | <input type="checkbox"/> Other Ethnicity nec |
| <input type="checkbox"/> Fijian Indian | <input type="checkbox"/> Other South African | |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Zimbabwean | |

If you selected Māori:

Please state iwi:

Please state rohe (iwi area):

If you selected Other Ethnicity:

Please specify:

2. Medical registration – New Zealand

Date of registration in New Zealand: MCNZ reg. no:

Type of registration:

Provisional General Vocational Other – please specify:

3. Medical registration – Australia

Date of registration in Australia: AHPRA reg. no:

Type of registration:

Specialist Other – please specify:

4. Academic background – please provide certified copies* of overseas qualifications with your application

Primary medical qualification:

Year awarded:

Qualification:

University/College:

Country:

* Certificates can be certified either by a Justice of the Peace, the issuing organisation/education provider or by a Fellow of the DRHM.

Other medical qualifications:

Year awarded:

Qualification:

University/College:

Country:

Year awarded:

Qualification:

University/College:

Country:

5. Employment

State your current positions or appointments and indicate how your time is divided between each (in tenths of a working week to a maximum of 10 tenths)

| Employer | Tenths per week |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

6. Faculties and Chapters

For support at a local level, all new members of the College are allocated to a regional Faculty. Chapters are optional groups revolving around areas of practice.

- > Do you wish to be part of the **Rural General Practitioners’ Chapter**? Yes No
NOTE: You will automatically be part of the **Division of Rural Hospital Medicine Chapter**.
- > Do you wish to be part of the **Pacific Chapter**? Yes No
- > If you are of Māori descent, would you like to join, or learn more about, our Māori representative group **Te Akoranga a Māui**? Yes No

7. Declaration

Please read and then sign this declaration.

- > By becoming a member of the RNZCGP you agree to uphold and promote the objects of the College.
- > As a member, you agree to abide by the [RNZCGP Rules](#). You will keep the RNZCGP informed of any changes of address and other contact information and of changes in your position or employment.
- > Submitting this application means you accept liability for the subscription payment once invoiced. RNZCGP membership is individual and membership remains with you, regardless of your employment or who funds your membership.
- > Your RNZCGP membership commences on the date your application is accepted and your fees will cover the period until the 31 March following, at which time you will be invoiced for the next year's fees at the rate then applying, unless you formally resign your membership. Should you resign, all outstanding fees and levies must be paid in full.

I accept the membership terms and conditions

Signature of applicant
(or signed electronically)

Date

PLEASE NOTE: We strongly recommended that you save a copy of this pdf before digitally signing. Once signed, the pdf may become read-only.

CHECKLIST OF ENCLOSURES

Please enclose the following:

- Certified copy of FACRRM certificate.
- Letter from ACRRM stating:
 1. that you gained FACRRM **via the assessment, independent pathway or prior specialist pathway in Australia** and the date gained
 2. your financial good standing with the ACRRM
 3. that you are **up to date with all the requirements** of ACRRM's QI & CPD Programme.
- Certificate of Professional Status from MCNZ or Certificate of Registration Status from AHPRA (copy obtained from MCNZ if within six months of New Zealand registration).
- Copy of Triennium Credit Point Statement including up to date resuscitation.
- Evidence that you have at least 12 months' experience during or after vocational training in a **rural hospital health setting**.

Please email your completed application form and supporting documents to:

drhmnz@rnzcgp.org.nz

Thank you for completing this application. You will receive membership information and an invoice for your subscription fees upon acceptance.

Please use the spaces below, if needed, to expand upon any of your answers in this application.
Please remember to indicate the question or section number being referred to.

Question/section:

Additional information:

Question/section:

Additional information: