



**APPLICATION for ANZICA MEMBERSHIP
FULL, PROVISIONAL OR AFFILIATE**

Name: _____

Address: _____

Post Code: _____

Mobile Number: _____

Email Address: _____

Citizenship: _____

Level of Membership for which you are applying

Please refer to the criteria on the website to determine your likely eligibility

Full Member:

Provisional Member:

Affiliate Member:

Academic Qualifications

Please detail degree courses completed, including year of award and name of the awarding institution. ***Certified copy of degree must be attached.***

NB: Certification to be completed by those designated to sign Statutory Declarations

Name of Course	Awarding Institution	Year of Award

Membership of any Professional Association: eg AHPRA, APS, AASW. *Please indicate level and duration of membership and **attach a certified copy of your current membership certificate(s)**:*

Professional Association	Membership Level /Number	Year joined

Employment -

Are you employed by a Fertility Clinic? If so please provides details – name and location of clinic, your start date and number of hours/week employment

Do you work in private practice? If so please provide details – name of practice, total hours worked/week, number of hours /week of specific fertility counselling

Please attach a copy of your resume outlining your work history

Other information relevant to your application for example academic research in the area of ART, presentations, specific training etc

Do you receive regular professional supervision?

Name of Supervisor

Are they an ANZICA member? Yes No

Signed

Date

Please return to: **Melissa Stephens**
 ANZICA Membership Secretary
 Email: Melissa.stephens@ivf.com.au

Note: Processing of applications for membership usually takes 4 – 6 weeks. You will receive written confirmation from the Chairperson of ANZICA. Your separate FSANZ application will be approved by the FSANZ Board following recommendation to FSANZ by the ANZICA subgroup.
