AFOEM Trainee Membership Package 2018



About ANZSOM

The Australian and New Zealand Society of Occupational Medicine (ANZSOM) provides opportunities for networking and the exchange of information and ideas on work-related health matters, thus supporting those who practice or have an interest in this important field. ANZSOM also seeks to advance the knowledge, practice and standing of occupational health more generally.

Members of ANZSOM include medical practitioners and nurses working in, or with an interest in occupational health. Other health professionals with an interest in occupational health may also apply for Associate membership. ANZSOM members may benefit from:

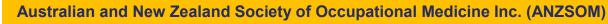
- involvement in meetings and educational activities that provide forums for professional discussion, including the Annual Scientific Meeting and state branch meetings
- access to online learning resources
- receiving information on matters affecting occupational health through various communication channels

ANZSOM also liaises with related organisations and professional groups concerned with occupational health, thus supporting the interests of its members.



Australian and New Zealand Society of Occupational Medicine Inc. (ANZSOM)







AFOEM TRAINEE MEMBERSHIP PACKAGE 2018

AFOEM Trainee membership package

ANZSOM is pleased to be able to offer a special membership package for AFOEM trainees in order to support their entry into the field of occupational medicine. The package provides a 20% discount for ANZSOM membership for the duration of the training program, thus providing a valuable avenue to professional development and interaction .

The package enables access to all usual benefits, including:

- Access to ANZSOM online learning resources
- Access to member only sections of website
- Discounts to ANZSOM events such as the Annual Scientific Meeting, State branch meetings, etc
- Electronic communications from the Society including quarterly e-newsletters and regular email updates

Additional benefits may also be available through the local State/Territory Branches, including further discounts for meetings.

Applying for ANZSOM Membership

To apply for ANZSOM membership:

- Complete the *Membership Application Form* (overleaf), including obtaining signatures of your nominator and seconder. Nominators must be current ANZSOM members, however if do not know any members, your nomination can be addressed at General Council.
- 2. Submit your application (including payment), along with a copy of your Curriculum Vitae to the ANZSOM Secretariat at the address shown below.
- 3. Membership applications are forwarded to the relevant State branch for consideration / approval.
- 4. Once your application has been approved, the Secretariat will send you a letter of approval and membership certificate. A payment receipt will also be issued.
- 5. The discounted membership price for AFOEM trainees is \$288.00 (inc. GST) for the full year (1st April 2018 to 31st March 2019).
- 6. For those joining after 1st October, pro-rata rates are available. Please contact the Secretariat for more information.

Please send all completed paperwork to the ANZSOM Secretariat:

Post: Fax: Email:

PO Box 7032 (03) 9428 4872 <u>secretariat@anzsom.org.au</u>

Richmond VIC 3121

For further information or enquiries, please contact the ANZSOM Secretariat on:

Ph: 1300 666 515

Email: secretariat@anzsom.org.au



Australian and New Zealand Society of Occupational Medicine Inc. (ANZSOM)

AFOEM TRAINEE MEMBERSHIP PACKAGE 2018

Membership Application Form

Applicant details						
First name:		Surnar	ne:			
Title (please tick): ☐ Dr ☐ Prof	☐ A/Prof	☐ Mr	☐ Mrs	☐ Miss	□ Ms	
Preferred mailing address:						
					_	
Preferred phone:		Email:				
Expected / estimated date of qualifying as Occupational Physician:						
Expected / estimated date of qualifying as	Occupational	1 Hysion			_	
Areas of practice and expertise						
Areas of practice (tick as many as applicable)			Industry expe	ertise (tick as ma	ny as applicable)	
Fitness for work assessment			☐ Aviation			
☐ Pre placement health assessments			☐ Transport other			
☐ Injury management/ workplace rehabilitation			☐ Underwater diving			
☐ Employee assistance program			☐ Oil, gas and mining			
Workers compensation	امعامها	☐ Other (please specify):				
Independent medical examination/ med	aico-iegai					
☐ Travel health / Q fever immunisation						
Musculoskeletal health / ergonomics						
☐ Environmental health /safety management systems / risk assessments						
☐ Biological monitoring / chemical exposure						
☐ Alcohol and other drugs / medical review officer						
☐ Health promotion / wellness programs						
☐ First aid						
Public directory						
Do you wish your details to be available in	a public direct	ory of o	ccupational do	ctors / occupat	ional health nurse?	
•	a pablio all oot	.01 y 01 01	ocupational do	0.010 / 000apat	onarnoam naroo.	
☐ Yes ☐ No						
Name (Individual and/or business name):						
Business Address:						
Phone:	Email	: 				
Fax:	Web:					
Languages spoken:						
(Other than English)						



Australian and New Zealand Society of Occupational Medicine Inc. (ANZSOM)

AFOEM TRAINEE MEMBERSHIP PACKAGE 2018

•	ent financial ANZSOM member please contact the ANZSOM Secretari	? ☐ Yes ☐ No at on 1300 666 515 or email <u>secretariat@anzsom.org.au</u>)	
If you are <u>not</u> a	current financial ANZSOM me	mber:	
☐ Attach a co	ppy of your Curriculum Vitae		
☐ Obtain a no	ominator and seconder signatu	re from a current ANZSOM member.	
Nomination			
Nominator:	Name	Signature	
Seconder:	Name	Signature	
accordance with the personal information and	s with national privacy legislation, <i>The i</i> ne National Privacy Principles. By compon as necessary to process your applical elaration d a qualification entitling me to be regis	tered as a medical practitioner / nurse in a State or Territory of Australia, and/or ine. I hereby apply to be elected a member of the Australian & New Zealand So	y ram
Applicant's sign	nature:	Date:	
Methods o	f payment		
Amount payal	ble: \$288.00 (inc GST)		
☐ EFT – BSE	3: 013-423 Acc. # 3541-94404	and quote your name as a reference:	
☐ Cheque –	make payable to ANZSOM		
☐ Credit car	rd – complete details below		
Credit card pa	nyments Mastercard Ame	x	
Card no.		Expiry: /	
Name on card:		CCV:	
Signature:			