

# AFOEM Trainee Membership Package 2018



## About ANZSOM

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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

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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

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To apply for ANZSOM membership:

1. 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:**  
PO Box 7032  
Richmond VIC 3121

**Fax:**  
(03) 9428 4872

**Email:**  
[secretariat@anzsom.org.au](mailto:secretariat@anzsom.org.au)

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

Ph: 1300 666 515  
Email: [secretariat@anzsom.org.au](mailto:secretariat@anzsom.org.au)



## Membership Application Form

### Applicant details

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

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: \_\_\_\_\_

### Areas of practice and expertise

#### Areas of practice (tick as many as applicable)

- Fitness for work assessment
- Pre placement health assessments
- Injury management/ workplace rehabilitation
- Employee assistance program
- Workers compensation
- Independent medical examination/ medico-legal
- 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

#### Industry expertise (tick as many as applicable)

- Aviation
- Transport other
- Underwater diving
- Oil, gas and mining
- Other (please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Public directory

Do you wish your details to be available in a public directory of occupational doctors / occupational health nurse?

Yes  No

Name (Individual and/or business name): \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_ Web: \_\_\_\_\_

Languages spoken: \_\_\_\_\_  
(Other than English)



Are you a current financial ANZSOM member?  Yes  No  
(If you are unsure, please contact the ANZSOM Secretariat on 1300 666 515 or email [secretariat@anzsom.org.au](mailto:secretariat@anzsom.org.au))

If you are not a current financial ANZSOM member:

- Attach a copy of your Curriculum Vitae
- Obtain a nominator and seconder signature from a current ANZSOM member.

### Nomination

Nominator: Name \_\_\_\_\_ Signature \_\_\_\_\_  
Seconder: Name \_\_\_\_\_ Signature \_\_\_\_\_

### Privacy policy

ANZSOM complies with national privacy legislation, *The Privacy Act 1988*. All personal information supplied to ANZSOM will be treated in accordance with the National Privacy Principles. By completing and signing this application form, you give consent to ANZSOM to supply personal information as necessary to process your application to join ANZSOM.

### Applicant declaration

I declare that I hold a qualification entitling me to be registered as a medical practitioner / nurse in a State or Territory of Australia, and/or am engaged/interested in the practice of Occupational Medicine. I hereby apply to be elected a member of the Australian & New Zealand Society of Occupational Medicine and if elected I agree to abide by the Rules of the Society.

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Methods of payment

**Amount payable:** \$288.00 (inc GST)

- EFT** – BSB: 013-423 Acc. # 3541-94404 and quote your name as a reference:
- Cheque** – make payable to ANZSOM
- Credit card** – complete details below

### Credit card payments

- Visa  Mastercard  Amex

Card no. \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_

Name on card: \_\_\_\_\_

CCV: \_\_\_\_\_

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