



Part B | Individual Application Form *(to be completed by each individual)*

Are you a current financial ANZSOM member?

☐ **Yes** (provide your name: _____) This will enable us to update your membership details appropriately

☐ **No** (please complete this form)

If you are unsure, please contact the Secretariat on 1300 666 515 or email secretariat@anzsom.org.au

1. Applicant details

Title (tick one): ☐ Dr ☐ Prof ☐ A/Prof ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other _____

First name: _____ Surname: _____

Mailing address: _____

Email: _____ Contact number: _____

Professional background (Tick one):

☐ Occupational Physician

☐ General Practitioner

☐ Occupational Health Nurse

☐ Nurse (Other)

☐ Other: _____

2. Areas of practice & expertise

Areas of practice (tick as many as applicable):

☐ Fitness for work assessment

☐ Musculoskeletal health / ergonomics

☐ Pre-placement health assessments

☐ Environmental health / safety management systems / risk assessments

☐ Injury management/ workplace rehabilitation

☐ Employee assistance program

☐ Biological monitoring / chemical exposure

☐ Workers compensation

☐ Alcohol and other drugs / medical review officer

☐ Independent medical examination/ medico-legal

☐ Health promotion / wellness programs

☐ Travel health / Q fever immunisation

☐ First aid

Industry expertise (tick as many as applicable):

☐ Aviation

☐ Oil, gas and mining

☐ Transport other

☐ Other (please specify)

☐ Underwater diving

Languages spoken (other than English): _____

Part B | Individual Application Form (continued)

Continue overleaf

3. Nomination

Nominators and seconders must be financial ANZSOM members. If you do not have a nominator or seconder, you may leave this section blank.

Nominator: _____ Signature: _____

Seconder: _____ Signature: _____

☐ I have attached my CV

Privacy policy

ANZSOM complies with national privacy legislation, The Privacy Amendment (Enhancing Privacy Protection) Act 2012. 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 name: _____

Applicant's signature: _____

Date: _____

Return the completed form to your organisation representative