

ANZSOM Corporate Group 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 and networking, 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)**





New membership package

This membership initiative aims to support access to ANZSOM benefits and services for medical practitioners and nurses working in the corporate area. The **Corporate Group Membership Package** enables discounts for group membership to ANZSOM, thus providing a valuable avenue to professional development and interaction, and a valuable employee benefit.

Employees or contractors who are members as part of your **Corporate Group Membership Package** receive discounted membership subscriptions with 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
- Full voting rights (Full members only)

As a subscriber to a **Corporate Group Membership Package**, you can also benefit by taking up opportunities to:

- host a stand at the Annual Scientific Meeting
- include appropriate information in the ANZSOM newsletter (on approval by the Executive)

Membership discounts

The following discounts on annual membership fees apply depending on the number of employees included in the membership package. Pro-rata rates are available for those joining after 1 October.

- 5-10 members: 5% discount (\$342.00 full members / \$304.00 associate members)
- 11-20 members: 10% discount (\$324.00 full members / \$288.00 associate members)
- More than 20 members: price on application – please contact the Secretariat for more information

Applying for Corporate Group Membership

To apply for Corporate Group Membership for your eligible staff:

1. Complete the **Corporate Group Membership Application Form** (overleaf), including a list of employees to be covered in the membership.
2. Provide an **Individual Application Form** (overleaf), to each listed employee to complete, including attaching CVs and obtaining signatures of nominator and seconder for new members (for those who are not current financial members).
3. Complete the **Membership Payment Form** (overleaf), and return all paperwork (including individual application forms) to the Secretariat for processing.
4. A letter confirming membership and receipt of payment will be sent to the organisation contact once approval has been granted. Individual acknowledgement will also be sent to those nominated for your group membership.



Corporate Group Membership Application Form

Business name: _____

Business description: _____

Contact name: _____

Job title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Number of employees to be covered in the Corporate Group Membership: _____

Please list employees below applying for Full and Associate membership, including name and qualification:

Full membership (doctors and nurses)

Associate membership (other health professionals)

<i>Name</i>	<i>Qualification</i>	<i>Name</i>	<i>Qualification</i>
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____
_____	<input type="checkbox"/> Dr <input type="checkbox"/> Nurse	_____	_____

Attach list if insufficient space above. Attach individual application for abovementioned employees.

Terms and conditions

- Full membership is open to persons engaged in or interested in occupational medicine and with a qualification entitling them to be registered as a medical or nursing practitioner.
- Associate membership is open to other health professionals / persons engaged in or interested in occupational medicine.
- The membership period is from the 1st April 2018 – 31st March 2019.
- Membership is for individuals listed on this form only and is not transferable.
- If an individual leaves the organisation, a membership refund for the remainder of the year will not be granted. However the individual and/or organisation contact may request to have the individuals' contact details updated to allow further communication.

By completing and signing this application form, you accept the terms and conditions described above.

Contact name: _____

Signature: _____ Date: _____



Individual Application Form - to be completed by each individual

Applicant details

First name: _____ Surname: _____

Title (please tick): Dr Prof A/Prof Mr Mrs Miss Ms

Preferred mailing address: _____

Preferred phone: _____ Email: _____

Professional background: Occupational Physician GP Nurse Other _____
(Please tick one)

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) _____



Individual Application Form (continued)

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)

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.

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: _____

Return your completed form to your organisation contact



Membership payment form

Membership type

Please indicate the number of members applying and the amount payable:

Total number of members	Cost per full member	No. of full members applying	Cost per associate member	No. associate members applying	Amount payable (inc GST)
5-10	\$342.00		\$304.00		
11-20	\$324.00		\$288.00		
>20	Price on application		Price on application		
				Total payable	

All prices shown above are inclusive of GST

Methods of payment

- Invoice** – ANZSOM will send an invoice on approval of application
Please provide an order number: _____
- Cheque** – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121
- Credit card*** – complete details below and post or fax to the ANZSOM Secretariat

Credit card payments

- Visa Mastercard Amex

Card no. _____

Expiry: ____ / ____

Name on card: _____

Signature: _____

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

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

Ph: 1300 666 515
Email: secretariat@anzsom.org.au