



**ANZSOM**

The Australian and New Zealand Society  
of Occupational Medicine Inc

## ANZSOM Member Application Form 2019

### Important notes:

- Discounted membership fees are available for AFOEM Trainees and retired (non-practising) members (see overleaf)
- Corporate Group Membership is available to organisations with at least 5 employees wishing to become Full or Associate ANZSOM members (including current members) – contact the Secretariat to apply

### Instructions:

- Please complete all required fields (\*) including the names of your nominator or seconder who must be financial members of ANZSOM. If you do not have a nominator or seconder, you can leave this section blank
- Submit your application (including payment), along with a copy of your Curriculum Vitae to the ANZSOM Secretariat (contact overleaf)
- If you are applying as an AFOEM trainee, please provide proof of acceptance (e.g. admission letter) or your Membership Identification Number (MIN)
- Membership applications are forwarded to the relevant state branch for consideration / approval
- Once approved, the Secretariat will send you a letter of approval, member log-in details and the receipt of payment

### 1. Applicant details

Title (tick one):  Dr  Prof  A/Prof  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

First name: \* \_\_\_\_\_

Surname: \* \_\_\_\_\_

Organisation: \_\_\_\_\_

Mailing address: \* \_\_\_\_\_

Email: \* \_\_\_\_\_

Contact number: \* \_\_\_\_\_

Professional background (Tick one): \*

Occupational Physician

General Practitioner

Trainee / Registrar

Occupational Health Nurse

Nurse (Other)

Other: \_\_\_\_\_

### 2. Areas of practice & 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)

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

(CONTINUE OVERLEAF)

# New Member Application Form 2019 (continued)

## 3. Public Directory

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

Yes (if yes, please complete fields below)  No

Contact name: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business address: \_\_\_\_\_

Business phone \_\_\_\_\_ Business fax: \_\_\_\_\_

Business email: \_\_\_\_\_ Business website: \_\_\_\_\_

## 4. 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  I have attached my proof of admission OR MIN: \_\_\_\_\_ (Fill for AFOEM Trainee only)

## 5. Membership category (tick one only)\*

### Full membership (\$360)

Open to health professionals engaged in or interested in occupational medicine and with a qualification entitling them to be registered as a medical or nursing practitioner.

### Associate membership (\$320)

Open to those engaged in or interested in the occupational health and medicine but **do not** have qualifications as a registered medical or nursing practitioner.

### Full membership (AFOEM Trainee) (\$288)

Eligible for those undergoing specialty Training in Occupational and Environmental Medicine.

- **Retired (non-practising members)** – We encourage those who have retired from practice but would like to be involved in the organisation and receive member benefits to apply as a Retired Member. Contact the Secretariat to apply
- **Corporate Group Membership** is available to organisations with at least 5 employees wishing to become Full or Associate ANZSOM members (including current members) – contact the Secretariat to apply

## 6. Payment\*

Amount payable: \_\_\_\_\_

**Credit card** - complete details below and fax to (03) 9428 4872 or email to [secretariat@anzsom.org.au](mailto:secretariat@anzsom.org.au)

Card type:  Visa  Mastercard  Amex

Card number: \_\_\_\_\_ CVV: \_\_\_\_\_ Expiry: \_\_\_\_\_ / \_\_\_\_\_

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

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

**Direct transfer** – BSB 013 423 Account No: 3541 94404 (please quote your name)

**Cheque** – make payable to ANZSOM and post to: PO Box 7032, Richmond VIC 3121

**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.