



ANZSOM

The Australian and New Zealand Society
of Occupational Medicine Inc

ANZSOM Member Application Form 2019 (pro-rata)

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
- The pro-rata rate applies for those who join after the 1st October 2019. The regular subscription period is from the 1st April 2019 to 31st March 2020.

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):*

- | | | |
|--|---|--|
| <input type="checkbox"/> Occupational Physician | <input type="checkbox"/> General Practitioner | <input type="checkbox"/> Trainee / Registrar |
| <input type="checkbox"/> Occupational Health Nurse | <input type="checkbox"/> Nurse (Other) | <input type="checkbox"/> Other: _____ |

2. Areas of practice & expertise

Areas of practice (tick as many as applicable):

- | | |
|--|---|
| <input type="checkbox"/> Fitness for work assessment | <input type="checkbox"/> Musculoskeletal health / ergonomics |
| <input type="checkbox"/> Pre-placement health assessments | <input type="checkbox"/> Environmental health /safety management systems / risk assessments |
| <input type="checkbox"/> Injury management/ workplace rehabilitation | <input type="checkbox"/> Biological monitoring / chemical exposure |
| <input type="checkbox"/> Employee assistance program | <input type="checkbox"/> Alcohol and other drugs / medical review officer |
| <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Health promotion / wellness programs |
| <input type="checkbox"/> Independent medical examination/ medico-legal | <input type="checkbox"/> First aid |
| <input type="checkbox"/> Travel health / Q fever immunisation | |

Industry expertise (tick as many as applicable):

- | | |
|--|---|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Oil, gas and mining |
| <input type="checkbox"/> Transport other | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Underwater diving | _____ |

Languages spoken (other than English): _____

(CONTINUE OVERLEAF)

New Member Application Form 2019 (pro-rate) – 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 (\$180)

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 (\$160)

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) (\$144)

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

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.