

Contact details

Please do not send any money at time of application

Surname _____ First name: _____ Other: _____

Date of birth: _____ Gender: Male Female

Address for correspondence: (Please indicate type of address) Hospital Rooms Home Other

State: _____ Postcode: _____ Country: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

To accommodate any changes to your preferred mailing address, please provide an alternative mailing address.

(Please indicate type of address) Hospital Rooms Home Other

State: _____ Postcode: _____ Country: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Present employment / positions (*provide clear and concise description of current workplace position*): _____

Application – please attach a current CV. Applications which are not accompanied by a CV will not be processed

Type of Membership category applied for:

Associate

I am the Training Supervisor of the above mentioned Advanced Trainee in cardiology OR cardiothoracic surgery and hereby certifying that the applicant is enrolled in a training programme at my hospital.

Name of Supervisor: _____

Please print

Signature

Please email your application to info@csanz.edu.au or send to the Secretariat office of the country in which you reside:

CSANZ – Australia

Suite 4 Level 12, 189 Kent Street Sydney NSW 2000 AUSTRALIA
P | 61 2 9226 7900 E | info@csanz.edu.au W | www.csanz.edu.au
ABN 23 003 635 505

CSANZ – New Zealand

PO Box 10-601 Wellington 6143 NEW ZEALAND
P | 64 4 472 6713 E | kayla.kurta@raccp.org.nz F | 64 4 472 6718
GST No 51-508-513

Qualifications – include Degrees, Diplomas, FRACP, FRACS and College Affiliations

Qualification	Year Awarded	Awarding Institution
_____	_____	_____
_____	_____	_____
_____	_____	_____

Member information and interests

Cardiology interests Please select three. Indicate in order of preference using numbers – 1, 2 or 3

- | | | |
|--|--|---|
| <input type="checkbox"/> Cardiac Care Nurse - medical | <input type="checkbox"/> Dietician | <input type="checkbox"/> Intervention |
| <input type="checkbox"/> Cardiac Cath Lab Nurse | <input type="checkbox"/> EXG Technician | <input type="checkbox"/> Laboratory Technologist |
| <input type="checkbox"/> Cardiac Technologist | <input type="checkbox"/> Echocardiographer / Sonographer | <input type="checkbox"/> Lipids |
| <input type="checkbox"/> Cardiovascular Genetic Diseases | <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Pacing/EP Technologist |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Education and Ethics | <input type="checkbox"/> Paediatric and Congenital |
| <input type="checkbox"/> Catheterisation | <input type="checkbox"/> Educator | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Clinical Cardiology | <input type="checkbox"/> Electrophysiology and Pacing | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Clinical Manager | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Physiotherapist |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> General Cardiology | <input type="checkbox"/> Radiographer |
| <input type="checkbox"/> Clinical Trials Nurse | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Rehab, Exercise and Prevention |
| <input type="checkbox"/> Computer / internet | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rehab Nurse |
| <input type="checkbox"/> Coronary Care | <input type="checkbox"/> Imaging | <input type="checkbox"/> Research |
| <input type="checkbox"/> Coronary Care Nurse | <input type="checkbox"/> Indigenous | <input type="checkbox"/> Statistician |
| <input type="checkbox"/> Coronary Physiology | <input type="checkbox"/> Intensive Care Nurse – surgical | <input type="checkbox"/> Thrombolysis and Reperfusion |

CSANZ Councils - It is important to list your Council (special interest group) affiliations. Please indicate in order of preference using numbers. Do not select more than 3.

- | | |
|---|---|
| <input type="checkbox"/> Allied Health Science and Technology | <input type="checkbox"/> Heart Failure |
| <input type="checkbox"/> Cardiac Imaging | <input type="checkbox"/> Heart Rhythm |
| <input type="checkbox"/> Cardiovascular Genetic Diseases | <input type="checkbox"/> Hypertension |
| <input type="checkbox"/> Cardiovascular Nurses | <input type="checkbox"/> Indigenous Health |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Interventional |
| <input type="checkbox"/> Clinical and Preventative Cardiology | <input type="checkbox"/> Interventional Nurses |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Paediatric and Congenital Cardiology |
| <input type="checkbox"/> General Cardiology | <input type="checkbox"/> Women in Cardiology |

Consent

Please ensure that you have read the CSANZ’s Constitution and Privacy Policy available on the [website](#).

- | | | |
|--|---|--|
| <p>Include contact details in CSANZ Member Directory on website?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>I hereby provide consent for my contact details to be made available to a 3rd party as deemed appropriate by the CSANZ.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> | <p>I hereby provide consent for the CSANZ to obtain relevant information from a 3rd party, eg the RACP, RACS as necessary to assess my application to join the CSANZ.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> |
|--|---|--|

By submitting and signing this application you are consenting to be bound by the Constitution of the CSANZ.

Signature

Date