

Contact Details			
Title:		Surname:	
First Name:		Middle Name/s:	
Date of Birth		Gender:	M <input type="checkbox"/> F <input type="checkbox"/> X <input type="checkbox"/>
Phone Number:			
Email:			
Secondary Email:			
Postal Address:			

Professional Details	
Profession:	
Primary position:	
Institution:	
Other positions:	
AHPRA or NZMC Registration Number:	

Qualifications – include Degrees, Diplomas, FRACP, FRACS and College Affiliations		
Year Awarded	Qualification	Awarding Institution

Advanced Trainee Applicant Supervisor Declaration
<p>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 program at my hospital.</p> <p>Name of Supervisor: _____</p> <p style="text-align: center;"><i>Please print</i></p> <p style="text-align: right;">_____</p> <p style="text-align: right;"><i>Signature</i></p>

Membership Information

Areas of expertise: Please select up to five.

- | | | |
|--|---|---|
| <input type="checkbox"/> Arrhythmia | <input type="checkbox"/> Electrophysiology | <input type="checkbox"/> Lipids |
| <input type="checkbox"/> Cardiac Nursing | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Congenital Heart Disease |
| <input type="checkbox"/> Cardio Oncology | <input type="checkbox"/> Ethics | <input type="checkbox"/> Paediatrics |
| <input type="checkbox"/> Cardiovascular Genetic Diseases | <input type="checkbox"/> General Cardiology | <input type="checkbox"/> Pharmacology |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Heart Failure | <input type="checkbox"/> Physiology |
| <input type="checkbox"/> Clinical Cardiology | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Clinical Trials | <input type="checkbox"/> Imaging | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> Coronary Care | <input type="checkbox"/> Indigenous Health | <input type="checkbox"/> Sports Cardiology |
| <input type="checkbox"/> Digital Health Technologies | <input type="checkbox"/> Intervention | <input type="checkbox"/> Thrombolysis and Reperfusion |
| <input type="checkbox"/> Echocardiography | <input type="checkbox"/> Interventional Nursing | <input type="checkbox"/> Women in Cardiology |

CSANZ Councils: It is important to list your Council (special interest group) affiliations. Please select three in order of preference – 1, 2 or 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"/> Indigenous Health |
| <input type="checkbox"/> Cardiovascular Nurses | <input type="checkbox"/> Interventional |
| <input type="checkbox"/> Cardiovascular Surgery | <input type="checkbox"/> Interventional Nurses |
| <input type="checkbox"/> Clinical and Preventative Cardiology | <input type="checkbox"/> Paediatric and Congenital Cardiology |
| <input type="checkbox"/> Clinical Trials | |

ISHR Adjunct Membership: CSANZ Fellows and Members are entitled to apply for adjunct Membership of the International Society for Heart Research (ISHR) Australasian Section. ISHR Adjunct membership is offered to CSANZ members at a 25% discount of the full ISHR membership rate. To be eligible for ISHR Adjunct Membership your CSANZ membership must be ratified and your CSANZ membership payment must be received. When your CSANZ membership is finalised your ISHR Adjunct Membership will be processed.

If you wish to list your application for ISHR Adjunct Membership – please tick the box

Consent

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

Include contact details in CSANZ Member Directory on website?

Yes No

I hereby provide consent for my contact details to be made available to a 3rd party as deemed appropriate by the CSANZ.

Yes No

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.

Yes No

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

Signature

Date

Please **email** your application and current CV to info@csanz.edu.au or send to the Secretariat office in the country in which you reside.

Applications which are not accompanied by a CV **will not** be processed. Please do not send any money at time of application.

CSANZ – Australia

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ABN 23 003 635 505

CSANZ – New Zealand

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