

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
DDI | 64 4 460 8121 E | info@csanz.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](#).

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