

APPLICATION SUBMISSION

Please refer to the BreastSurgANZ Membership Policy for details of application submission.

Please return your membership application to the Chief Executive Officer (CEO), BreastSurgANZ via email at E: admin@breastsurganz.org

APPLICATION PROCESS

Completed applications will be considered by the Society's Membership Committee at the first meeting following receipt of all required paperwork in accordance with the Terms of Reference approved by Council.

All decisions of the Membership Committee must be reviewed and endorsed by the BreastSurgANZ Council.

You may be asked for additional information in support of your application and will be notified of the outcome as soon as possible.

Successful applicants will be invoiced for full or pro-rata membership fees for the whichever membership year the application is made.

To avoid delay in processing of applications, please ensure all information is provided at the time of submission.

Please email admin@breastsurganz.org should you have any queries or require any further information about this process.

CATEGORY OF MEMBERSHIP

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DEMOGRAPHICS AND PERSONAL DETAILS

Title:					
First Name:		Surname:			
Date of birth:		Gender			
Mailing address:					
State/Region/Island:		Post Code:			
Email address:					
Phone Number:		RACS Fellowship ID			
Medical Registration Number					
Do you currently have any restrictions on your scope of practice?	YES		NO		
If you answered YES above, please provide details					

PROFESSIONAL DETAILS

Primary position:					
Institution:					
Unit:					
Year commenced Consultant Practice					
Position in Unit					
Appointment status					

QUALIFICATIONS: please indicate Degrees, Diplomas, FRACS and other Affiliations

Year Awarded	Qualification	Awarding Institution

BREAST FELLOWSHIP

	Year commenced	Institution	Country
Year 1			
Year 2			
Year 3			

Date completed:

Breast Surgery Presentations/Honours/Prizes (please provide details for previous five (5) years only)

CONTINUING PROFESSIONAL DEVELOPMENT (Breast Surgery)

Please provide details of any national or international breast specific workshops, conferences, or educational events attended in the past five (5) years

BreastSurgANZ Level 1 Oncoplastic Breast Surgery Workshop	Yes		Year		No	
BreastSurgANZ Level 2 Oncoplastic Breast Surgery Workshop	Yes		Year		No	

OTHER (Please Specify)

Workshop/Conference	Year attended

BREAST QUALITY AUDIT

To be completed by existing Associate members only

Please detail the number of cases you have contributed to the BQA for the past three years

YEAR		Number of cases		YEAR		Number of cases		YEAR		Number of cases	
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BreastScreen involvement	
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MDM attendance	
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REFEREES

Please ensure you attach two (2) letters of support from your referees who must be full financial BreastSurgANZ members. Letters should be addressed to the CEO, BreastSurgANZ. References should be provided on formal letterhead and signed by the referee.

REFEREE 1

Name:	
Position	
Email:	
Mobile:	

REFEREE 2

Name:	
Position	
Email:	
Mobile:	

STATEMENT OF BREAST SURGICAL PRACTICE

Statement of current breast practice (should include details pertaining to breadth, scope and length of current practice, including involvement in MDM, BreastScreen, clinical trials and research)

DECLARATION BY APPLICANTS

I wish to apply for membership of Breast Surgeons of Australia and New Zealand Incorporated (BreastSurgANZ) and agree to be bound by the BreastSurgANZ Constitution, Membership Policy, Code of Conduct and associated governance documents of the Society. I acknowledge that, in the event of any inconsistency, the Constitution prevails.

I acknowledge that I have read the current BreastSurgANZ Membership Policy and agree to comply with the requirements of membership applicable to my membership category, including:

- maintaining current registration as a specialist in my health jurisdiction;
- maintaining Fellowship of the Royal Australasian College of Surgeons (FRACS) or recognised international equivalent, and notifying the Society immediately if my medical registration, specialist recognition or fellowship status is suspended, cancelled, restricted or otherwise amended;
- undertaking full involvement in and compliance with the BreastSurgANZ Breast Quality Audit (BQA) processes and standards, where applicable to my membership category, in accordance with the Membership Policy and Constitution;
- maintaining Continuing Professional Development (CPD) and providing evidence of Continuing Medical Education (CME) in breast disease if requested;
- adhering to the BreastSurgANZ Code of Conduct and associated policies; and
- ensuring payment of annual membership fees. I acknowledge that, in accordance with the Constitution, membership may be suspended following twelve (12) months of non-payment and terminated following eighteen (18) months of non-payment.

In submitting this application, I declare that:

- the information provided in this application is true and correct to the best of my knowledge;
- I hold current registration with AHPRA and/or the Medical Council of New Zealand (MCNZ);
- I have disclosed any restrictions, conditions, undertakings or limitations relevant to my scope of practice; and
- I authorise BreastSurgANZ to verify my professional registration, fellowship status and membership information with relevant regulatory and professional bodies where required.

I consent to BreastSurgANZ collecting, storing, using and disclosing my personal information in accordance with applicable privacy legislation and the BreastSurgANZ Privacy Policy, including for membership administration, governance, audit participation and quality assurance purposes.

I acknowledge that submission of this application does not guarantee approval of membership and that all applications are subject to assessment and approval by the Membership Committee and Council in accordance with the Constitution and Membership Policy.

Signature:		Date:	
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