



ASOHNS

THE AUSTRALIAN SOCIETY OF
OTOLARYNGOLOGY HEAD AND
NECK SURGERY LTD

ACN 002 977 102

APPLICATION FOR PROVISIONAL MEMBERSHIP

Suite 403, Level 4
68 Alfred Street
Milsons Point
New South Wales 2061
AUSTRALIA

Telephone: +61 2 9954 5856
Facsimile: +61 2 9957 6863
Email: OHNStrainees@asohns.org.au
Web: www.asohns.org.au

A Provisional member is a medical practitioner who is undertaking approved advanced training or supervision with the Royal Australasian College of Surgeons (RACS) in Otolaryngology Head and Neck Surgery (OHNS) with the intention of practising in the specialty of OHNS.

Provisional members are exempt from Society fees and levies, however only **Ordinary members and Life Members of the Society are eligible to vote and become office-holders in any of the sub-entities** (i.e. state branches, Council sub-committees and ASM organising committees).

Once you have completed your training or period of supervision you are no longer eligible for Provisional Membership. You may apply for Ordinary membership by contacting ASOHNS.

Advantages of Membership

Continuing Professional Development resources for Provisional members include an Annual Scientific Meeting, annual trainees conference as well as regular lectures, seminars and workshops and unrestricted access to the Society's website, which includes:

- the online newsletter
- view news updates, case studies and information on relevant forthcoming events held in Australia and overseas

Provisional members receive free online access to the American journal, *Otolaryngology-Head and Neck Surgery (OHNS)*, which publishes the *Australian Journal of Otolaryngology* as a six-monthly supplement. (A hard copy of the supplement is also posted to all members).

Application Process

To process your application you need to secure a 'Proposer' and 'Seconder' (each of whom must be a financial Ordinary Member or Life Member). Please ensure that all relevant sections are completed before submitting it.

We recommend that you retain a copy of your application. The Society's head office will confirm receipt of your application. If you do not receive this notification within two weeks of you posting it, please contact us.

Please attach a copy of the letter from RACS regarding your International Medical Graduate (IMG) status (if applicable).

Once received, your application will be processed through the Federal Executive. Please allow a minimum of six weeks for this to occur.

We look forward to receiving your application. If you have any further questions on the process please contact the ASOHNS on:

Tel: +61 2 9954 5856

Fax: +61 2 9957 6863

Email: OHNStrainees@asohns.org.au



The Australian Society of Otolaryngology Head & Neck Surgery
Application for PROVISIONAL Membership in _____ [STATE]

1. Information for Applicants:

- Applications with insufficient information may be returned, which will delay processing. Please ensure that all conditions are met before submitting your application. It is important to complete all sections of this form, as this is the document used for circulation to the Federal Executive.
- Responses should be clearly printed. If space is insufficient, please attach extra pages.
- Applications for Provisional membership must be Proposed and Seconded by two financial Ordinary members of the Society.
- A letter from the RACS regarding IMG status should be attached.
- Please return your completed application form to:

ASOHNS, Suite 403, Level 4, 68 Alfred Street, Milsons Point NSW 2061
Fax: (02) 9957 6863 Email: OHNStrainees@asohns.org.au

2. Applicant Details

| | |
|---|---------------|
| Family Name: | Gender: F / M |
| Given Names: | DoB: |
| Name Trained Under: (if different from name on your qualification) | |

3. Contact Details

| | | | |
|---|-----------------------|--------------------------|-----------|
| Main Practice Details | Address: | | |
| | Suburb: | State: | Postcode: |
| | Phone: | Fax: | Email: |
| Residential Details | Address: | | |
| | Suburb: | State: | Postcode: |
| | Phone: | Fax: | Email: |
| Preferred Address for Correspondence | Practice Address: YES | Residential Address: YES | |
| | Other Address: | | |
| | Suburb: | State: | Postcode: |

4. Qualifications (please specify institutions and year)

| | |
|---------------------------------|--|
| Graduation: (eg MB, BS) | |
| Post Graduate OHNS: (eg DLO) | |



The Australian Society of Otolaryngology Head & Neck Surgery
Application for PROVISIONAL Membership in _____ [STATE]

(4. Qualifications continued)

| | |
|-------------------|--|
| Other Degrees: | |
| Honours & Awards: | |

5. Training Details

| | | |
|--|---|---------------------|
| Country Where Trained | | |
| | Training Commenced: | Training Completed: |
| IMG Details <i>(if applicable)</i> | Status Granted: Article 19 Article 21 | |
| | Supervision Commenced: Supervision Scheduled to be completed: | |
| | Letter from RACS regarding IMG status attached: YES / NO <i>(if no, why?)</i> | |

| | |
|---|--------------|
| Applicant's Signature: | Date: |
| This application is not acceptable unless you have verified that all proceeding statements are correct. | |

6. Proposer & Seconder Details

| | |
|--|--------|
| Proposer's Name: | State: |
| Proposer's Signature: | Date: |
| <i>I have verified the above statements initialled above and I believe that they meet the requirements of the Australian Society of Otolaryngology Head and Neck Surgery for Provisional membership.</i> | |
| Seconder's Name: | State: |
| Seconder's Signature: | Date: |
| <i>I have verified the above statements initialled above and I believe that they meet the requirements of the Australian Society of Otolaryngology Head and Neck Surgery for Provisional membership.</i> | |