

# The Australasian Society of Anaesthesia Paramedical Officers

ASAPO PO Box 1093, Ivanhoe, VIC, 3079

[www.asapo.org.au](http://www.asapo.org.au)



## ASAPO Registration Form

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Previous Surname Name: (if applicable) \_\_\_\_\_ D.O.B: \_\_\_\_\_

Sighted documental evidence provided Y/N

### Postal Address:

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Phone:

H. \_\_\_\_\_

M. \_\_\_\_\_

W. \_\_\_\_\_

email. \_\_\_\_\_

### Qualifications:

Name of Course: \_\_\_\_\_

Hospital Trained: \_\_\_\_\_

Year Qualified: \_\_\_\_\_

Sighted documental evidence provided Y/N

### Registration Details

Registering Body: \_\_\_\_\_

Registration No. \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Country of Registration: \_\_\_\_\_

Sighted documental evidence provided Y/N

Registered previously with ASAPO ? Y/N

Registration number if Yes \_\_\_\_\_

### Employee Address:

\_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

### Employment Status:

Years of Employment at hospital: \_\_\_\_\_

Position Held: \_\_\_\_\_

Statement of service provided Y/N

Work email. \_\_\_\_\_

### Line Managers Details:

Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

email: \_\_\_\_\_

### Personal Conduct:

Have you had in the past year:

1, Grievences reported against you Y/N

2, Criminal Conviction Y/N

3, Are you, or have you been, barred from practice in any country? Y/N

4, Have you ever been removed from the register of a professional or regulatory body? Y/N

***\*Include a Passport Size Photo with your name on back, renewal photo every 5 years\****

### Declaration

I declare that I have read and understood the Code Ethics and Code of Conduct and will obide by them.

I declare that the information provided by me is true and accurate at the time of signing this document.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*Only UK/NZ Overseas Application Accepted\***

## Payment Details

Registration Fee: \$75 New/ Renewal

Registration Fee: \$25 Student

All Prices include GST and are in AU\$

PAYMENT MADE PAYABLE TO ASAPO, BSB 082 387, ACCOUNT # 54301 0790

Direct Debit (Internet Banking)

Personal/ Bank Cheque

Send completed form to ASAPO PO Box 1093, Ivanhoe, VIC, 3079