



Australasian Society of Career Medical Officers

2017 Membership Application Form

www.ascmo.org.au

SECTION A: ASCMO MEMBERSHIP

Renewal for 2017 : Jan 1st to Dec 31st

\$120.00

SECTION B:

Continuing Professional
Development Program (CPDP)

2017 Subscription to CPDP

This method for recording Continuing Medical Education is only available to financial members of ASCMO. Renewal and joining fees are the same for CMOs/Regs/RMOs

12 month Annual Fee = \$55.00

If you have queries about this programme, please contact:

Dr Gabrielle de Preez-Wilkinson
ASCMO Education Officer
via ASCMO Office Manager Cathy
ccord@optusnet.com.au

Member Contact Details

Name: _____

Mailing Address

Street: _____

Suburb: _____

State: _____ Postcode: _____

Telephone: Home: _____

Work: _____

Fax: _____

E-mail: _____

I agree to be bound by the [rules of the society](#) whilst I am a member – (these rules are located in detail on our web site).

Signature: _____

Date: _____

PAYMENT TOTAL -SECTION A + B = _____

METHODS OF PAYMENT

(Please circle) CHEQUE / EFT

RECEIPT REQUIRED (Please circle) Y / N

If paying by EFT

Bank-WESTPAC

Name- A.S.C.M.O

BSB- 032736

ACCOUNT- 127035

DESCRIPTION- First Initial Surname

Email Membership form to:

ccord@optusnet.com.au

or Post Membership to address below

If paying by CHEQUE

Please make all cheques payable to :

Australasian Society of Career
Medical Officers

Postal Address:

ASCMO Administration

PO BOX 4107

KINGSWAY NSW 2208

Please email enquiries to ccord@optusnet.com.au

Alternatively full details are on our website at:

www.ascmo.org.au/edu/cpdp.htm

Occupational Survey:

Please take a little time out in order to fill out the attached survey. It is some time since we have been able to provide a snap-shot of our members' work and concerns. The information is incredibly valuable when arguing for service change and when acting to increase the profile of the CMO. Of course, all care is taken to ensure privacy and that identified trends are not related to any individual member.

Occupational Survey

Type of Work:

- Medical Student Intern
 RMO 1st yr RMO 2nd

What is your job title?

- Hospitalist CMO SHO

Do you mostly practice medicine on a specialised area?

- Yes No

Which of these best describes your job?

- Primarily Clinical Research
 Primarily Non-Clinical Administrative

Year of Graduation: _____

I am also a member of:

- ASMOF AMA
 HREA Other _____

Do you have Vocational Registration:

- Yes No

Membership of workplace based

Professional Associations

(eg RMO's Association)

Have you worked as a General Practitioner

since 1996? Yes No

Do you have a Provider Number(s)

- Yes No

Education

Are you thinking of attending formally organised education this year?

- Yes No

Hours of Work

- Full-time Part-time
 Part-time (several locations) Locum

Location of Work:

- City Suburban
 Regional Remote
 Teaching Hospital Community Hospital
 District/Base Hospital Private Hospital
 Community Health Medical Centre
 Dept of Health General Practice
 Government Instrumentality
 Other: _____

Basis of Payment:

- CMOs award RMO's award
 Sessional Contract
 Salaried Position SHO Award (Qld)
 Fee for service
 Mixed PrivatePublic GPVMO
 Other: _____

Survey continued over the page

Medical Qualifications: (Please Include post-grad diplomas, fellowships, and degrees outside medicine)

Qualifications

Year Awarded

Institution

In what area of Medical Practice are you currently engaged? (You may tick more than one box)

- | | | | | | |
|--------------------------|-----------------------|-------------------|-----------------------|--------------------------|-----------------------|
| Emergency | <input type="radio"/> | Psychiatry | <input type="radio"/> | Police Forensic | <input type="radio"/> |
| Developmental Disability | <input type="radio"/> | Community Health | <input type="radio"/> | Obstetrics & Gynaecology | <input type="radio"/> |
| Paediatrics | <input type="radio"/> | Palliative Care | <input type="radio"/> | General Hospital Duties | <input type="radio"/> |
| Intensive Care | <input type="radio"/> | Drug & Alcohol | <input type="radio"/> | Sexual Assault | <input type="radio"/> |
| Women's Health | <input type="radio"/> | Aboriginal Health | <input type="radio"/> | Administration | <input type="radio"/> |

Other: (Please specify) _____

Are you planning to change your type of work in the next 5 years? Yes No

Do you have any concerns that in the next 1 to 2 years your position will be significantly changed or abolished? Yes No

Has your position undergone restructuring in the past 12 months? Yes No

Other Areas of Interest: _____

Thanks!