

Anglo Indian

Hong Kong Chinese

Portuguese

Arab

Hungarian

Puerto Rican

Argentinian

Icelandic

Punjabi

Armenian

Indian nec

Romani

Asian nec

Indian Tamil

<input type="checkbox"/> Danish	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Dutch	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nauruan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Nepali	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> English	<input type="checkbox"/> New Caledonian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Eritrean	<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Vietnamese Chinese
<input type="checkbox"/> Estonian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Welsh
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Ni Vanuatu	<input type="checkbox"/> Zambian
<input type="checkbox"/> Eurasian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Zimbabwean European
<input type="checkbox"/> European nec	<input type="checkbox"/> Niuean	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Fijian	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Other Ethnicity nec
<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Other South African	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Zimbabwean	

If you selected M ori:

Please state iwi:

Please state rohe (iwi area)

If you selected Other Ethnicity:

Please specify:

2. Medical registration – New Zealand

Date of registration in New Zealand MCNZ reg. no

Type of registration:

Provisional General Vocational Other – please specify:

Date included on the vocational register (in the scope of general practice)

3. Medical registration – Australia

Date of registration in Australia AHPRA reg. no

Type of registration:

Specialist Other – please specify:

4. Academic background– please provide certified* copies of overseas qualifications with your application

Primary medical qualification:

Year awarded:

Qualification:

University/College:

Country:

* Must be certified by a Fellow of the College or a Justice of the Peace

Academic background cont.

Other medical qualification:

Year awarded:

Qualification:

University/College:

Country:

5. Employment

8. Faculties and Chapters

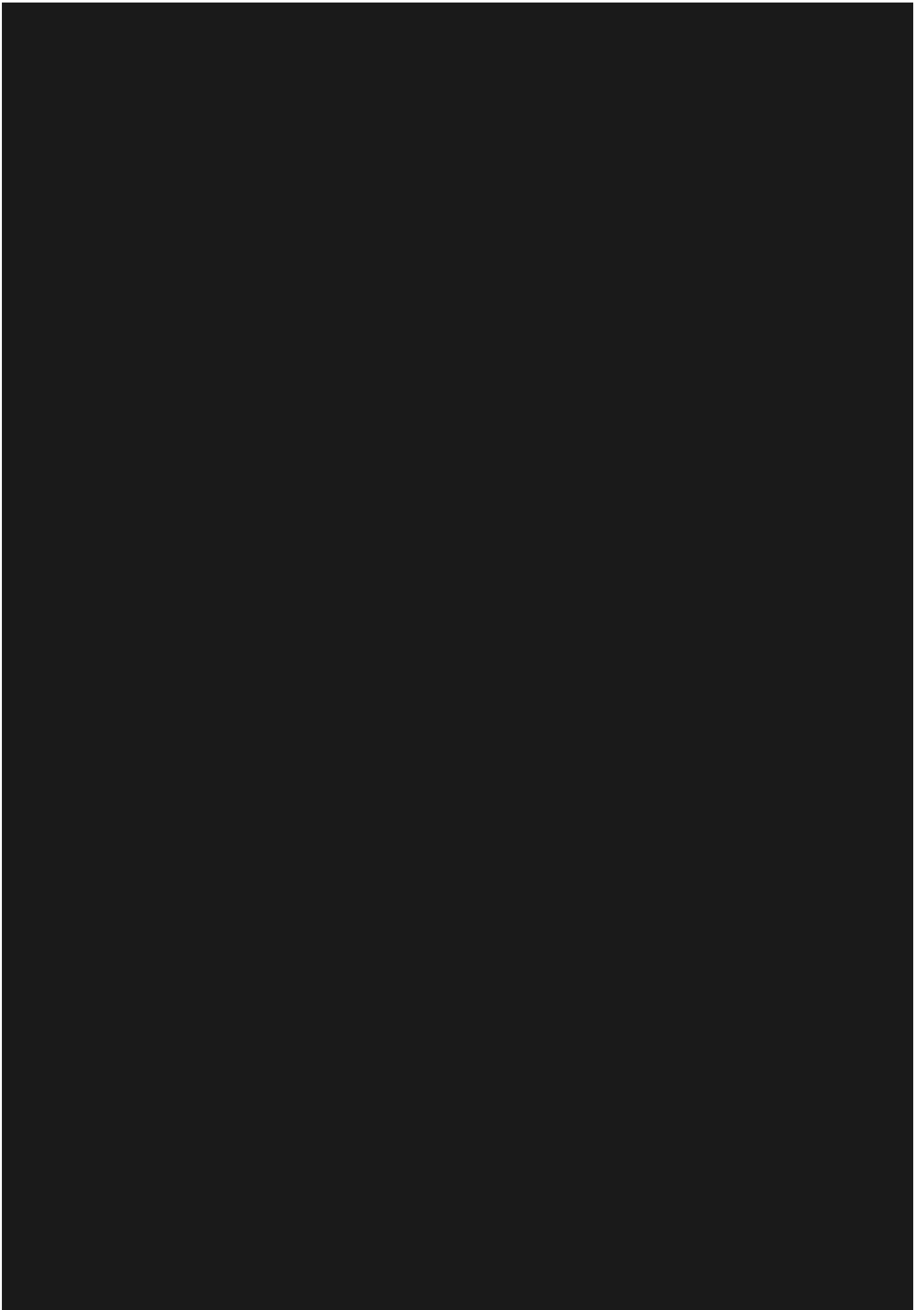
For support at a local level, all new members of the College are allocated to a regional Faculty. Chapters are optional groups revolving around areas of practice.

Do you wish to be part of the Rural General Practitioners' Chapter? Yes No

Do you wish to be part of the Pacific Chapter? Yes No

If you are of M ori descent, would you like to join, or learn more about, our M ori representative group Te Akoranga a M ui? Yes No

9. Health and professional conduct disclosure



Please use the spaces below, if needed, to expand upon any of your answers in this application.
Please remember to indicate the question or section number being referred to.

Question/section:

Additional information:

Question/section:

Additional information: