



anzsrs

www.anzsrs.org.au

Australian and New Zealand Society of Respiratory Science Ltd
Leading Respiratory Science in Australasia through the 21st Century

CERTIFIED RESPIRATORY FUNCTION SCIENTIST EXAMINATION APPLICATION FORM

Surname		First name		Middle name	
---------	--	------------	--	-------------	--

Home Address:

Street		Suburb	
State		Country	
Home phone		Mobile	
Home email			

Work Address:

Department		Institution	
Street		Suburb	
State		Country	
Work phone			
Work email			

ADMISSION REQUIREMENTS:

Please tick

1. Current financial member of the Australian and New Zealand Society of Respiratory Science	<input type="checkbox"/>
AND either 2 OR 3	
2. Hold an appropriate tertiary degree and complete a minimum of one year of clinical experience in the field of respiratory science, to be interpreted as a minimum of 35 hours per week employed in a respiratory function laboratory.	<input type="checkbox"/>
3. Complete five years of clinical experience in the field of respiratory science, interpreted as a minimum of 20 hours per week employed in a respiratory function laboratory.	<input type="checkbox"/>

EXAMINATION SESSION AND REQUESTED LOCATION:

Session Date (go to www.anzsrs.org.au for schedule)	<input type="checkbox"/> April	<input type="checkbox"/> October
Requested Location	<input type="checkbox"/> Melbourne <input type="checkbox"/> Sydney <input type="checkbox"/> Adelaide <input type="checkbox"/> Brisbane <input type="checkbox"/> Perth <input type="checkbox"/> Hobart <input type="checkbox"/> Canberra <input type="checkbox"/> Wellington (NZ) <input type="checkbox"/> Christchurch (NZ) <input type="checkbox"/> Other _____	
Have you previously sat this examination?	<input type="checkbox"/> No <input type="checkbox"/> Yes Date ____/____/____	
Signature	Date	____/____/____

EXAMINATION FEES:

\$50.00 AUD (includes up to 4 re-sits of the exam.)

PAYMENT METHODS:

- Cheque (make payable to ANZSRS-CRFS, attach to application form)
- EFTPOS or Credit Card - contact the FCC for details.

APPLICATIONS TO:

ANZSRS Secretariat
Festival City Conventions Pty Ltd
PO Box 949
KENT TOWN SA 5071
AUSTRALIA

Phone: 08 8363 1307
Phone (A/H): 0414 828 731
Fax: 08 8363 1604
Email: info@fconventions.com.au
Web: www.fconventions.com.au