



**AUSTRALIAN & NEW ZEALAND SOCIETY
OF RESPIRATORY SCIENCE INC.**

(www.anzsrs.org.au)

ABN: 62 096 524 191

Leading Respiratory Science in Australasia through the 21st Century

**Application for ANZSRS Endorsement of
Spirometry Training Course**

Principal Applicant's Details:

Title Mr Mrs Ms Miss Dr Prof Assoc Prof

Name

Organisation

Position

Qualifications (Please attach copies).....

Experience (Attach Curriculum Vitae).....

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Do you have CRFS? Y / N

City..... Postcode..... Country.....

Telephone..... Fax..... E-mail.....

Additional Tutors/Presenters/Demonstrators

1. Name.....

Organisation.....

Position.....

Qualifications (Please attach copies).....

Experience.....

.....

Do you have CRFS? Y / N

Mailing Address.....

City..... Postcode..... Country.....

Telephone..... Fax..... E-mail.....

2. Name.....

Organisation.....

Position.....

Qualifications (Please attach copies).....

Experience.....

.....

Do you have CRFS? Y / N

Mailing Address.....

City..... Postcode..... Country.....

Telephone..... Fax..... E-mail.....

3. Name.....
 Organisation.....
 Position.....
 Qualifications (Please attach copies).....
 Experience.....

Do you have CRFS? Y / N

Mailing Address.....
 City..... Postcode Country.....
 Telephone..... Fax E-mail.....

(Please append the above details of any additional people if required.)

Please submit one hard copy and one electronic copy (via email) of all your documentation.

**The documentation should contain one copy of the following.
 Please tick each box indicating that you have included the following documentation.**

- Course Outline
- Course objectives
- Course Timetable
- Course material, handouts, suggested pre reading documents
- Course slide presentations
- Assessment material (e.g copy of exam papers)
- Course Evaluation form
- Any other material supporting your adherence to the core objectives

PRINCIPLE APPLICANT DECLARATION:

I hereby certify that the information in this application is true and correct.

Applicant Signature: _____ Date: _____

APPLICATION FEE: \$100.00

Please make cheques payable to: ANZSRS - Spirometry Endorsement
 (New Zealand applicants may submit a NZ Cheque with payment in NZ dollars)
Sorry, no credit card payments.

Please complete this form and forward with all documentation and the application fee to:

Leigh Seccombe, Hon. Secretary ANZSRS
 Dept. Thoracic Medicine, Level 7 West
 Concord Repatriation General Hospital
 Hospital Road
 Concord NSW 2139
AUSTRALIA
 Email: leigh.seccombe@sswahs.nsw.gov.au

Official Use Only

Date application received: _____ by _____ Application fee received: Y / N
 Date forwarded to STC Committee: _____
 Course Endorsed: Y / N Endorsement Expiry Date: _____
 Applicant notified of result on: _____ by _____