



PARAMEDICS

A U S T R A L A S I A

PERSONAL DETAILS

PA Member No.

Dr Prof Mrs Ms Miss Mr Other _____

Female Male DOB / /

First name _____

Surname _____

Postal address work home

Street _____

Suburb _____ State _____ Postcode

Telephone (h) _____ (w) _____

Mobile _____

Email _____

PROFESSIONAL DETAILS

Paramedic registration number _____

Employment ID number _____

Position title _____

Full name of workplace _____

Specialty _____

DECLARATION

I, the undersigned, hereby apply to be admitted to Fellowship of Paramedics Australasia (PA). I agree to undertake, as a condition of Fellowship of PA, to promote PA, provide leadership and participate as a representative on request. I declare that I will accept any penalties, including expulsion from PA, which may be imposed by the Board of Directors for violation of the Constitution or Rules. I agree that all information sought by the Board of PA or any Committee thereof, or any person approved by such Board or Committee, in relation to my application for Fellowship shall for all purposes remain confidential.

Signature

Date

APPLICATION PROCESS

Applications are reviewed by the Paramedics Australasia Membership Committee who make recommendations to the Board of Directors. It is through the Board of Directors that a member is admitted to Fellowship of Paramedics Australasia. Please note that this process may take up to three months. Applicants will be notified of the Board's decision by mail.

Please refer to the Paramedics Australasia website at www.paramedics.org for the next Fellowship application cut-off date. Send your completed application form to: Chief Executive Officer, Paramedics Australasia, Box 173, 585 Lt Collins Street Melbourne VIC 3000 or by email* to membership@paramedics.org

*Please ensure each component of your application is saved as a separate pdf file

SPONSORS DETAILS

Sponsor 1

PA Member No.

Dr Prof Mrs Ms Miss Mr Other _____

Female Male DOB / /

First name _____

Surname _____

Relationship _____

Signature

Date

Sponsor 2

PA Member no.

Dr Prof Mrs Ms Miss Mr Other _____

Female Male DOB / /

First name _____

Surname _____

Relationship _____

Signature

Date

CHECKLIST

- Completed and signed application form
- Two written and signed references
- Written statement addressing criteria
- Professional portfolio of supporting documentation
- Curriculum vitae
- Certified copy of annual practicing certificate/registration