



# Australasian Society of Career Medical Officers

## 2018 Membership Application Form

[www.ascmo.org.au](http://www.ascmo.org.au)

### SECTION A: ASCMO MEMBERSHIP

Renewal for 2018 : Jan 1st to Dec 31st

\$120.00

### SECTION B:

Continuing Professional  
Development Program (CPDP)

2018 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](mailto: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-

POST or EMAIL Membership form to:

[ccord@optusnet.com.au](mailto:ccord@optusnet.com.au)

#### DEPOSIT DETAILS:

Bank-WESTPAC

Name- A.S.C.M.O

BSB- 032736

ACCOUNT- 127035

DESCRIPTION- First Initial Surname

If paying by CHEQUE

Please make all cheques payable to :

*Australasian Society of Career  
Medical Officers*

#### Postal Address for Renewal Form and Cheque:

ASCMO Administration

PO BOX 4107

KINGSWAY NSW 2208

Please email enquiries to [ccord@optusnet.com.au](mailto:ccord@optusnet.com.au)

Alternatively full details are on our website at:

[www.ascmo.org.au/edu/cpdp.htm](http://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**

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**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!**