



CERTIFIED RESPIRATORY FUNCTION SCIENTIST EXAMINATION APPLICATION FORM

Surname		First name		Middle name	
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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

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Phone (A/H): 0414 828 731
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