



EMAC course

Course Registration Form

Applicant Details

First Name:		
Surname:		
Address:		
Email address:		
Contact number:		
Course date:		
Employment Details		
Profession / Position It is an ANZCA requirement that trainees have completed their Initial Assessment of Anaesthetic Competence (IAAC) before attending EMAC. Trainees with 18+months experience in anaesthesia are likely to get the most benefit	Basic Trainee (BT1/2)	Advanced Trainee (AT1/2)
	Provisional Fellow (PF/PFY)	SIMG – ANZCA Pathway
	Consultant Anaesthetist	SIMG – Expedited Pathway
	Rural Generalist Anaesthetist	Other (please explain why you are applying):
Years of anaesthetic		
experience (include dates of any relevant exams completed)		
Employed by: (e.g. FSH, CAHS, SMHS, WA Health, etc.)		

Special Requirements			
Dietary requirements:			
Allergies:			
Payment Details			
Standard cost	- \$3,245		Early bird - \$2,596
Card type: (AMEX cards not accepted)			
Name on card:			
Card number:			
Expiry date:			
Please return	completed form to	<u>SimulationT</u>	eam.PCH@health.wa.gov.au
			ith the EMAC Course Convenor,
reserves the right to prior include factors such as s			uitability for the course, which may ed from the content.
Refund Policy	,		
Cancellation up to 4 wee Cancellation between 2-4 Cancellation less than 2	4 weeks before cours	se date = 50%	refund
The PCH Simulation Tea	ım reserves the right	to cancel this	course four weeks prior to the

scheduled course date.