

**AN APPLICATION TO THE NEW ZEALAND CONJOINT COMMITTEE  
FOR RECOGNITION OF ENDOSCOPY TRAINING IN  
COLONSOCOPY**

Application Fee for each category is \$200.00 (GST Inclusive)

(PLEASE USE BLOCK LETTERS)

Last Name: \_\_\_\_\_

Given Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Facsimile: \_\_\_\_\_

Email: \_\_\_\_\_

Graduation Year: \_\_\_\_\_

University: \_\_\_\_\_

\_\_\_\_\_

Higher Degrees &  
Qualifications:  
(with dates)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Hospital

Appointments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Office Use Only	
Date Received:	
Fee Paid:	
Completed Application:	
Incomplete:	
Date Notified:	
Meeting:	
Database:	



5: The names and addresses of my Supervisors are:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

6: Only applications submitted on the original application form will be considered **(no facsimiles or photocopies)**

7: The **applicant is responsible** for ensuring that the completed application form, together with reports from two (2) referees, who have supervised you plus a completed log book and summary sheet are forwarded to the Committee via the Secretariat.

8: A covering letter, application forms plus a cheque for the relevant fee (\$200) should be returned to:

Conjoint Committee for Recognition of Gastrointestinal Endoscopy  
PO Box 10601  
WELLINGTON 6036  
New Zealand  
Attention: Secretariat

Signature: \_\_\_\_\_

Date: \_\_\_\_\_