

**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: _____