

The Australian & New Zealand Society of Craniomaxillofacial Surgeons

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APPLICATION FOR ACTIVE MEMBERSHIP

****Active members shall be legally qualified, practicing surgeons who are active in craniofacial surgery in Australian & New Zealand, who shall have made worthwhile contributions in this field and who meet the requirements for Active membership according to the Constitution of the Society* (see attached Membership requirements)***

LAST NAME: FIRST NAMES:

ADDRESS:
.....
.....

COUNTRY: BIRTHDATE:

TELEPHONE: FAX:

EMAIL ADDRESS: WEBSITE ADDRESS:.....

QUALIFICATIONS:.....

A. PROFESSIONAL EXPERIENCE: Have you had....

1. Six months training in craniofacial surgery? YES NO

If "YES" please provide the following information:

Training institution:

Name address, telephone/ email contact of the Director of your training institution:
.....

2. Two years active practice in craniofacial surgery? YES NO

If "YES", please specify locations:
.....
.....

3. Are you an active member of a major Australian or New Zealand medical specialty society serving this specialty? YES NO

If "YES", please specify:.....
.....

B. SPONSORS

Please note:

- *A candidate for Active membership must be sponsored and co-sponsored by members of the Society who personally know the candidate (Ref section 30A of the Constitution)*
- *Nominations for membership must be made in writing by two members of the Society, of whom one must be an Active member (Ref section 30b of Constitution)*
- *Active members can act as a key sponsor for only one candidate, but may co-sponsor any number of candidates, in any one year. (Ref section 31 of the Constitution)*

NAME OF KEY SPONSOR;

SIGNATURE of Key Sponsor:

NAME OF CO-SPONSOR:

SIGNATURE of Co-Sponsor:

C. IMPORTANT ATTACHMENTS TO YOUR APPLICATION FORM

It is a requirement of Active membership that you submit in typed form (with this application)

- A list of the surgical operations that you have performed in the two years preceding this application.
- A percentage of these should be of the intracranial type (see Appendix A).
- A list of members of your clinical team(s) for the two year period preceding this application.
- A list of your publications and scientific contributions – at least two papers are to be on the subject of craniofacial surgery.
- A current copy of your full Curriculum Vitae.

Please ensure the above items are included with the Active membership application form

email to: membership@plasticsurgery.org.au

APPENDIX A

CRANIUM

OSTEOTOMIES (eg in craniosynostosis)

FRONTAL ADVANCEMENT

1. unilateral, without orbit
2. unilateral, with partial orbit
3. unilateral, with total orbit
4. bilateral, without orbit
5. bilateral, with partial orbit
6. bilateral, with total orbit

RECONSTRUCTION

1. full thickness skull with bone graft
2. full thickness skull with other material
3. onlay to skull with bone graft
4. onlay to skull with other material

TUMOUR RESECTION

ACUTE TRAUMA

ORBIT

OSTEOTOMIES

1. unilateral, total – intracranial
2. unilateral, partial – subcranial
3. unilateral, partial – intracranial
4. bilateral, total – intracranial
5. bilateral, partial – subcranial
6. bilateral, partial – intracranial

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOUR RESECTION

ACUTE TRAUMA

MAXILLA

OSTEOTOMIES

1. Le Fort III – intracranial with forehead advancement
2. Le Fort III – intracranial without forehead advancement
3. Le Fort III – subcranial
4. Le Fort II
5. Le Fort I
6. Segmental

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOUR RESECTION

ACUTE TRAUMA

MANDIBLE

OSTEOTOMIES

1. unilateral
2. bilateral
3. segmental

RECONSTRUCTION

1. inlay with bone graft
2. inlay with other material
3. onlay with bone graft
4. onlay with other material

TUMOUR RESECTION

ACUTE TRAUMA