

Personal Details

Title: _____ Last name: _____

First name: _____ Middle name: _____

Date of birth (min requirement year of birth): _____ Male Female Unspecified

Current role: _____

Primary place of work: _____ State: _____

Email address (personal): _____ Mobile: _____

Mailing address: Home Work

Street: _____

Suburb: _____ State: _____ Postcode: _____

Administrative contact (e.g. Assistant or other): Name _____

Email address: _____ Phone: _____

Qualifications - Please list degrees to date (highest degree first) and date obtained:

Please submit a current 2-page CV including qualifications, and a headshot (colour) of yourself.

I have attached my CV I have attached a colour head and shoulder photograph of myself

Membership Class - Select the one which best describes your status:

- A Fellow of either RACP or RACS with clinical practice in gastroenterology, hepatology, gastrointestinal or hepatobiliary surgery. Please state your College _____
- A person undertaking RACP or RACS Advanced Training in gastroenterology, hepatology, gastrointestinal or hepatobiliary surgery. Please state your College _____
- A person with a higher degree (Masters or Doctoral) and more than 8 years since postgraduate research, currently employed in gastrointestinal or liver research and no clinical practice.
- Early to mid-career researcher (within 8 years of completing postgraduate research) currently employed in gastrointestinal or liver research and no clinical practice.
- A Fellow of either RACP or RACS, enrolled in a full-time research degree in gastroenterology or a related discipline, with no clinical practice. Please state your College _____
- A Medical Practitioner not fulfilling the criteria for voting member e.g. RACGP, ANZCA.
- A Basic Trainee (BPT) or Advanced Trainee (AT) not undertaking training in gastroenterology or gastrointestinal or hepatobiliary surgery. Please specific if BPT or AT: _____
- An Allied Health Professional, not fulfilling the criteria for voting member e.g. Nurse, Dietician, Nutritionist, Nurse Practitioner etc.
- An enrolled student undertaking a course of study (full or part time) related to gastroenterology or hepatology. e.g. MBBS, Nursing, BSc etc. Please state course: _____

Proposer & Seconder - Must be GESA "Full Member" or "Advanced Researcher". Trainees or students are ineligible to propose or second.

Proposer (Full Name): _____

Seconder (Full Name): _____

GESA Member number: _____

GESA Member number: _____

GESA Member since: _____

GESA Member since: _____

Place of work: _____

Place of work: _____

Special Interest Groups and Networks – would you like to join one of the groups listed below?

- | | |
|---|--|
| <input type="checkbox"/> Coeliac Disease | <input type="checkbox"/> Neurogastroenterology |
| <input type="checkbox"/> Endoscopic Ultrasound | <input type="checkbox"/> Small Bowel |
| <input type="checkbox"/> Gastrointestinal Cancer | <input type="checkbox"/> Paediatric Network |
| <input type="checkbox"/> Private Practice Network | <input type="checkbox"/> Regional and Remote |
| <input type="checkbox"/> Young GESA (<i>For young Consultants (within 8 years of letters) and Advanced Trainees only</i>) | |

General Areas of Interest - Select 4 main areas and prioritise (1: highest priority, 4: lowest priority):

- | | | |
|--|---|--|
| <input type="checkbox"/> Bowel | <input type="checkbox"/> IBD | <input type="checkbox"/> Paediatric gastroenterology |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> IBS | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Capsule Endoscopy | <input type="checkbox"/> Liver | <input type="checkbox"/> Research |
| <input type="checkbox"/> Education | <input type="checkbox"/> Microbiology | <input type="checkbox"/> Small Bowel Endoscopy |
| <input type="checkbox"/> Endoscopy | <input type="checkbox"/> Nutrition/Diet/Obesity | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Gall Bladder | <input type="checkbox"/> Oesophagus | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Hepatitis | | |

Faculty Membership and Voting Rights - Select ONE:

- Endoscopy Faculty Inflammatory Bowel Disease Faculty Liver Faculty

Why do you wish to become a GESA Member?

What do you hope to achieve/gain from your membership?

Applicant Declaration – mandatory:

- I support the objects of and agree to comply with the GESA Constitution and Members Code of Conduct.
- I agree to assume the liability to pay the Member's Guarantee amount of \$20.
- I agree to advise any change of contact details with 28 days.
- I agree to pay my membership fees within 21 days of being due.

Applicant Consent

- I wish to receive a monthly posted copy of the "Journal of Gastroenterology and Hepatology".
- I wish to receive regular membership communication via email and SMS.
- I agree to have my photograph included in membership communication and on the GESA website.
- I agree to have my name displayed publicly as a member of GESA.

Signature: _____

Date: _____

Application Process

- Please email your completed application form and CV to gesa@gesa.org.au, subject line: Membership Application.
- Please include "gesa.org.au" domain to your safe senders/contact list to ensure that you receive important membership communications.
- Applications are subject to Board approval. This process can take up to 12 weeks.
- Upon approval of your application you will be notified and invoiced.
- Once payment received, you will receive your GESA member number, login, and password. This will grant you access to member benefits and services.
- If you require assistance, please email memberservices@gesa.org.au or call 1300 766 176.
- Further information is available online: <http://www.gesa.org.au>.