

Please PRINT in block letters and return your completed form to:

TROHPIQ
GPO Box 2523
Brisbane Q. 4001

Phone 07 3105 7800
Fax 07 3105 7801
Email admin@trohpiq.org
Web www.trohpiq.org



A. Contact Details

First Name

Last Name.....

Sex M F Date of birth: / /

Degree/Course.....

Year of Study.....

Primary Location (eg name of campus, clinical division)
.....

Postal Address.....
.....

Suburb..... Postcode

Email

Mobile PhHome Ph.....

B. Background

Have you attended a Health Careers in the Bush Workshop or a Health Careers in the Bush session at your Rural High School ? Y N

Do you identify as having Aboriginal or Torres Strait Islander Heritage? Y N

Do you have a rural background (eg lived, schooled or worked in a rural area?) Y N

If no, please go straight to section C.

If yes, please indicate length of time as follows:

Total years lived in a rural area

Years in a rural area during primary school

Years in a rural area during secondary school.....

Town/s lived in

PRIVACY STATEMENT

TROHPIQ is committed to protecting your privacy. Personal details such as email addresses and phone numbers are collected on a strictly voluntary basis and will not be shared without your permission except under the following circumstances:
A. Personal information may be used for internal administrative use to facilitate communication between TROHPIQ members and the administration of TROHPIQ events and activities.
B. From time to time, personal information required for the administration of rural health scholarships, prizes and conferences (including where nominated RDAQ membership) may be released to the relevant Australian Government bodies and other such bodies as are identified on the TROHPIQ website .

Signature..... Date.....

C. Post Graduation

Are you considering practicing in a rural or remote area after graduation? Y N

If yes, please indicate your level of commitment to a rural health career on the following scale:

1. Mildly Interested

2. Moderately Interested

3. Seriously Interested

4. Committed

5. Strongly Committed

D. Scholarship

Are you a current scholarship holder? Y N

If yes, please indicate which scholarship:

Medical Rural Bonded Scholarship

John Flynn Scholarship Scheme

Queensland Health Rural Scholarship

Rural Australia Medical Undergraduate Scholarship

Rural Allied Health Undergraduate Scholarship

Bonded Medical Place

Other (please specify):.....

E. Membership Details

Membership Category (refer to Membership Information)

Ordinary Associate

Restricted Associate

Please indicate length of subscription requested and enclose appropriate payment:

Annual Membership \$10

Two Years Membership \$15

Full Course Membership \$20

F. RDAQ Membership

I'd like to become an RDAQ student member
(*free for TROHPIQ MBBS members - see over)

Office Use Only Date Received: Amount Paid and Method: Membership Number: Expiry Date:/.....

Member Entitlements

Membership entitles the member to discounts on all TROHPIQ events, activities and merchandise.

Benefits:

- Social activities and rural trips
- Subsidised rural conference attendance (upon application approval)
- Rural networks and communication with other rural health stakeholders ie. Health Workforce Queensland, Rural Doctors Association of Queensland.
- Access to rural medical education,
- Free student membership to the Rural Doctors Association of Queensland (RDAQ)
- Zephyr (quarterly publication)
- Eligibility for certain prizes and bursaries

Membership Types

Ordinary Membership: open to students enrolled in a health related course at the University of Queensland.

Associate Membership: open to students enrolled in a health related course at another Queensland university.

Restricted Associate Membership: any person not qualifying for the above membership types

All membership applications are subject to management committee approval. All members are entitled to the same privileges, however Restricted Associate members cannot hold management committee positions, and do not have voting rights.

Partnering Bodies

Rural Doctors Association of Queensland (RDAQ)

RDAQ extends an offer of *free student membership* to all MBBS TROHPIQ members. RDAQ is the medical political industrial arm for Queensland rural doctors. It is a non-profit organisation whose main objective is the attainment of a higher standard of health care for the people of rural Queensland. Simply tick the box on this membership form.

National Rural Health Network (NRHSN)

TROHPIQ is a member body of the NRHSN so all TROHPIQers are also members of the NRHSN. The aims of the NRHSN are to provide a communication link between rural health clubs in Australia, and to undertake projects and provide national representation on behalf of members. Refer to www.nrhsn.org.au for more information.

Active Membership Requirements & Entitlements

Those members who meet the additional requirement of a minimum level of participation in TROHPIQ activities will be regarded as “active members” for the purposes of internal administration and external reporting (eg. for funding purposes or for membership verification to scholarship administrators).

Active membership entitles members to additional benefits and satisfies the rural health club participation requirements of a number of rural health scholarships.

Membership fees

Full course membership costs \$20 and remains current until conclusion of the current course of study.

Annual membership costs \$10 and remains current until either 1st February of the following calendar year or the first day of the member’s next academic year, whichever is the later.

Payment Options:

1. Cheque or money order made out to “TROHPIQ”
 2. Cash payment to a member of TROHPIQ Management Committee
 3. Direct Funds Transfer to:
Account Name: TROHPIQ
Bank: Commonwealth Bank of Australia
BSB: 064 140
Account Number: 10078581
- Reference: Please provide your last name and first initial with length of subscription.
(E.g. Smith K. Annual.). Failure to do so will result in a delay in processing your membership.

Signing Up

To join TROHPIQ or to renew your existing membership, fill out the details overleaf and submit the completed form to TROHPIQ by mail.

Please post your cheque or money order together with your form or if paying by funds transfer, please remember to include your funds transfer details when you post your form.

It is the responsibility of the member to notify TROHPIQ administration of a change of personal contact details. It is assumed all correspondence (email, post, phone, messages, web updates) is received within 72 hours of dispatch.



towards
rural and outback
health professionals
in queensland