



**AUSTRALASIAN COLLEGE
OF COSMETIC SURGERY AND MEDICINE**

**APPLICATION FORM
MEDICAL REGISTRAR TRAINING PROGRAM**

Surname:		First Name(s):	
Date of Birth:			
Principal Practice Address:			
Suburb:		State:	Post Code:
Postal Address:			
Suburb:		State:	Post Code:
Other Locations (Practice or Postal)			
Suburb:		State:	Post Code:
Contact Telephone Numbers:	Principal Work:	()	
	Mobile:		
	Home:	()	
Email Contact:			

University of Graduation:	Year:
Qualifications/Post-graduate Degrees/Diplomas:	

Countries of Medical Registration: (please tick)		
() Australia	() New Zealand	Other:
Registration No.:		
Please list any restrictions or conditions imposed		
Any medical litigation, disciplinary action or investigation by Medical Boards:		Yes or No (if yes, please provide details in separate communication for confidentiality)

Memberships: (please tick)	() Australian Medical Association
	() CPSA
	() AMSA
	() International Society of Cosmetic Laser Surgeons
	() American Society for Lasers in Medicine
Others:	

Indemnity Insurance Company:
Indemnity Insurance Policy No: (please attach copy)

Other Training - (Summary Only - full details in CV)

Accompanying Documentation (Checklist)	
1	Curriculum Vitae This should contain a comprehensive outline of medical and surgical training
2	Copies of all Degrees/Diplomas are required in support of this application
3	Medical Registration/Annual Practicing Certificate
4	Medical Indemnity Evidence of cover
5	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <p>\$330.00 (Inc GST)</p> <p>For non-refundable administration costs.</p> </div> <div style="width: 65%;"> <p>Pay EFT – Westpac Banking Corporation BSB: 032-021, Acc: 134477, remittance to be emailed to admin@accsm.org.au</p> <p>Pay by credit card</p> <p>Type of Card: _____</p> <p>Card No: _____</p> <p>Expiry: _____</p> <p>Pay by cheque, make cheques payable to the Australasian College of Cosmetic Surgery and Medicine</p> </div> </div>

Completed applications should be sent to:

E: admin@accsm.org.au

P: Australasian College of Cosmetic Surgery and Medicine
 PO Box 36
 Parramatta NSW 2124

For Office Use Only:

Application received by:
Date:

Approved by	Signature
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Date
