APPLICATION FORM
COSMETIC SURGERY 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:	( )
	Principal Fax:	( )
	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
	( ) American Academy of Cosmetic Surgery
	( ) 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)

Current Hospital Accreditations for Operating Privileges

1	
2	
3	
4	
5	
6	

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

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Referees

1	
2	
3	

Accompanying Documentation (Checklist)	
1	Curriculum Vitae This should contain a comprehensive outline of medical and surgical training
2	Certified 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	Logbooks of the most recent three years
6	Please check the Trainee Selection Policy to ensure the application is complete.
7	$330.00 (Inc GST) For non-refundable administration costs. Pay EFT – Westpac Banking Corporation BSB: 032-021, Acc: 134477, remittance to be emailed to admin@accsm.org.au Pay by credit card Type of Card: _____ Card No: _____ Expiry: _____

Completed applications should be sent to:
admin@accsm.org.au