



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

AFFILIATE APPLICATION FORM

Surname:		First Name(s):	
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

Confidentiality

Member information confidentiality is important to the ACCS. Referring to the security level table below, please allocate a security level for details given in this application form.

- Level 1 = available to any inquirer
- Level 2 = available only to other doctors
- Level 3 = available only to other College members
- Level 4 = available only to College Council
- Level 5 = available only to Council Executive

Description	Level	Description	Level
Name		Email address	
Practice address(es)		Home phone number	
Practice phone number		Postal address	
Practice fax number		Mobile number	
Website address		Indemnity	
Other Affiliations		Insurer's Name	

Affiliate Members receive subscription to the Journal of Cosmetic Surgery & Medicine as well as discounts to any workshops and Annual Conferences if offered.

An Affiliate Member has no voting rights, cannot sit on Council and does not appear on the registers.

APPLICANT'S DECLARATION

I hereby apply for membership as an Affiliate Member of The Australasian College of Cosmetic Surgery Ltd, and in the event of my application being approved by the College and the Board of Censors of the College, I hereby agree:

- (a) to abide by the Constitution of the College and its By-Laws
- (b) to pay to the College such sums as may be due by me, by way of Application fees and Annual fees as may be determined from time to time by the Council of the College.

Surname First name(s)

..... Date:

Applicant signature

Accompanying Documentation (Checklist)	
1	Curriculum Vitae This should contain a comprehensive outline of medical and surgical training
2	Medical Registration/Annual Practising Certificate
3	Medical Indemnity Evidence of cover
4	\$790.00 (Inc GST) (A tax invoice will be issued once funds are receipted). EFT payments can be made to Westpac, BSB 032-021 (please use Surname as ref), Acc 13-4477, Cheques payable to the Australasian College of Cosmetic Surgery or pay by credit card below. Thank you.
Type of Card: _____ Card No: _____ Expiry: _____	

Completed applications should be sent to:

Australasian College of Cosmetic Surgery
PO Box 36
Parramatta NSW 2124

For Office Use Only:

Approved by

Signature

Date