



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## NURSE AFFILIATE APPLICATION FORM

<b>Surname:</b>		<b>First Name(s):</b>	
<b>Principal Practice Address:</b>			
Suburb:		State:	Post Code:
<b>Postal Address:</b>			
Suburb:		State:	Post Code:
<b>Other Locations</b> (Practice or Postal)			
Suburb:		State:	Post Code:
<b>Contact Telephone Numbers:</b>	Principal Work:	( )	
	Principal Fax:	( )	
	Mobile:		
	Home:	( )	
<b>Email Contact:</b>			

<b>Registered Nurse / Enrolled Nurse</b>	
<b>Institution:</b>	<b>Date of Graduation:</b>
<b>Registration Certificate Number:</b>	<b>State:</b>

<b>Indemnity Insurance Company:</b>
<b>Indemnity Insurance Policy No:</b> (please attach copy)

<b>Current Employer</b>

<b>Post Nursing Qualifications/Post-graduate Degrees/Diplomas</b>

**Work History**


**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 a quarterly Journal as well as discounts to any workshops and Annual Conferences if offered.

An Affiliate Member has no voting rights and can not sit on Council.

