



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

DIPLOMA IN COSMETIC INJECTABLES

APPLICATION FORM

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)		
(<input type="checkbox"/>) Australia	(<input type="checkbox"/>) New Zealand	Other:
Registration No.:		
Please list any restrictions or conditions imposed		

Memberships: (please tick)	(<input type="checkbox"/>) Australian Medical Association
	(<input type="checkbox"/>) RACGP Please record QA & CPD number
	(<input type="checkbox"/>) CPSA
	(<input type="checkbox"/>) American Society for Laser in Medicine
Others:	

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

This diploma does not determine expertise as a clinician or counselor but recognizes the satisfactory completion of the designated curriculum.

There are no refunds available for candidates unsuccessful in this course.

I agree to the Terms & Conditions of the Diploma in Cosmetic Injectables and to fully participate and complete the training program and to make payment of all training fees as required.

I also agree to abide by the Constitution of the college and its By-Laws which may be determined from time to time by the Council of the College.

Signed: _____

Date: _____

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	\$16,500 (Inc GST) To be paid once application accepted and invoice issued.	Please make cheques payable to the Australasian College of Cosmetic Surgery or pay by credit card Type of Card: _____ Card No: _____ Expiry: _____ Direct bank transfers may be paid to Westpac Banking Corp, BSB: 032-021 A/C No. 134477. Please advise invoice number with remittance.

Completed applications should be sent to:

Australasian College of Cosmetic Surgery
PO Box 36
Parramatta NSW 2124

or emailed to: admin@accs.org.au

For Office Use Only:

Application received by:

Date:

Approved by

Signature

Date