



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## DIPLOMA OF COSMETIC MEDICINE

### APPLICATION FORM

<b>Surname:</b>		<b>First Name(s):</b>	
<b>Date of Birth:</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>University of Graduation:</b>	<b>Year:</b>
<b>Qualifications/Post-graduate Degrees/Diplomas:</b>	

<b>Countries of Medical Registration:</b> (please tick)		
( ) Australia	( ) New Zealand	Other:
Registration No.:		
Please list any restrictions or conditions imposed		

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

<b>Indemnity Insurance Company:</b>
<b>Indemnity Insurance Policy No:</b> (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 of Cosmetic Medicine 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)	Please make cheques payable to the Australasian College of Cosmetic Surgery or pay by credit card  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:

Application received by:
Date:

Approved by

Signature

Date