



# The Australasian College of Cosmetic Surgery

*Raising Standards, Protecting Patients*

## DIPLOMA OF COSMETIC MEDICINE

### 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)

Other Address.....

Suburb.....State.....Post Code.....

Contact Telephone Numbers: Work ( ).....

Fax ( ).....

Home ( ).....

Mobile.....

Email Address.....

University of Graduation.....Year.....

Qualifications/Post-graduate Degrees/Diplomas.....

.....  
.....  
.....  
.....  
.....  
.....

Society Memberships:

Australian Medical Association

\_\_\_\_\_ or \_\_\_\_\_  
Yes                  No

Others Memberships (for example, RACGP-please record QA & CPD number, CPSA, American Society for Lasers in Medicine, etc):

- 1.....
- 2.....
- 3.....
- 4.....

Indemnity Insurance:                  YES/NO                  Policy No.....

Company.....

States of Medical Registration: (please tick)

NSW ( )	VIC ( )	QLD ( )	Other ( )
ACT ( )	SA ( )	WA ( )	_____
TAS ( )	NT ( )	NZ ( )	(Country)

Registration No.....

Please list any restrictions or conditions imposed

.....  
.....

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

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:**

1. Curriculum Vitae  
This should contain a comprehensive outline of medical and surgical training
2. Medical Registration/Annual Practicing Certificate
3. Medical Indemnity Evidence of cover
4. Cheque for \$16,500 (Inc GST)  
Please make cheques payable to the Australasian College of Cosmetic Surgery and forward completed application to  
PO Box 36  
Parramatta NSW 2124

For Office Use Only:

Received by: \_\_\_\_\_

Date: \_\_\_\_\_

ACCEPTED / NOT ACCEPTED

\_\_\_\_\_

Censor in Chief

Date: \_\_\_\_\_