



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

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

I hereby 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 and understand that all training fees are **non refundable**.

Signed: _____

Date: _____

- Accompanying Documentation:**
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. 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: _____