



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

APPLICATION FORM REGISTRAR TRAINING PROGRAM

Medical/Surgical
(please circle one which applies to you)

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

American Academy of Cosmetic Surgery

_____ or _____
Yes No

Others Memberships (for example CPSA, AMSA, International Society of Cosmetic Laser Surgeons, American Society for Lasers in Medicine, etc):

- 1.....
- 2.....
- 3.....
- 4.....
- 5.....
- 6.....
- 7.....

Countries of Medical Registration: (please tick)

Australia () New Zealand () Other () _____

Current Hospital Accreditations for Operating Privileges (required for Surgical Training Program only):

1.
2.
3.
4.
5.
6.

Surgical Training - (Summary Only - full details in CV)

**Any medical litigation,
disciplinary action or
investigation by Medical Boards:**

Yes or No (if yes, please provide details in separate communication for confidentiality)

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 \$330 made out to The Australasian College of Cosmetic Surgery for non-refundable administration costs

For Office Use Only:

Received by: _____

Date: _____