



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

CERTIFICATE OF COSMETIC NURSING

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:			

Registered Nurse / Enrolled Nurse	
Date of Graduation:	
Institution:	
Registration Certificate No.:	State:

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

Current Employer:
Post Nursing Qualifications / Post-graduate Degrees/Diplomas:

Work history:

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

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

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.

Signed: _____

Date: _____

Accompanying Documentation

(Checklist)

1	Curriculum Vitae	This should contain a comprehensive outline of medical and surgical training
2	Letter of Recommendation (if available)	
3	Certificates	
4	Log Books	
5	Medical Indemnity Evidence of Cover	
6	Payment of \$4,400.00	Pay EFT – Westpac Banking Corporation - BSB: 032-021, Acc: 134477, remittance to be emailed to admin@accs.org.au Pay by credit card Type of Card: _____ Card No: _____ Expiry: _____ Pay by cheque, make cheques payable to the Australasian College of Cosmetic Surgery

Completed applications should be sent to:

admin@accs.org.au or Fax. 02 9687 1799 or
Australasian College of Cosmetic Surgery
PO Box 36
Parramatta NSW 2124

For Office Use Only:

Application received by:

Date:

ACCEPTED / NOT ACCEPTED

Name

Signature

Date