



The Australasian College of Cosmetic Surgery

Raising Standards, Protecting Patients

APPLICATION FORM SURGICAL REGISTRAR TRAINING PROGRAM

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:			

University of Graduation:	Year:
Qualifications/Post-graduate Degrees/Diplomas:	

Countries of Medical Registration: (please tick)		
<input type="checkbox"/> Australia	<input type="checkbox"/> New Zealand	Other:
Registration No.:		
Please list any restrictions or conditions imposed		
Any medical litigation, disciplinary action or investigation by Medical Boards:		Yes or No (if yes, please provide details in separate communication for confidentiality)

Memberships: (please tick)	<input type="checkbox"/> Australian Medical Association
	<input type="checkbox"/> American Academy of Cosmetic Surgery
	<input type="checkbox"/> CPSA
	<input type="checkbox"/> AMSA
	<input type="checkbox"/> International Society of Cosmetic Laser Surgeons
	<input type="checkbox"/> American Society for Lasers in Medicine
Others:	

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

Current Hospital Accreditations for Operating Privileges

1
2
3
4
5
6

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

Accompanying Documentation (Checklist)	
1	Curriculum Vitae This should contain a comprehensive outline of medical and surgical training
2	Certified Copies of all Degrees/Diplomas are required in support of this application
3	Medical Registration/Annual Practising Certificate
4	Medical Indemnity Evidence of cover
5	<p>\$330.00 (Inc GST) Pay EFT – Westpac Banking Corporation BSB: 032-021, Acc: 134477, remittance to be emailed to admin@accs.org.au</p> <p>For non-refundable administration costs. Pay by credit card</p> <p>Type of Card: _____</p> <p>Card No: _____</p> <p>Expiry: _____</p> <p>Pay by cheque, make cheques payable to the Australasian College of Cosmetic Surgery</p>

Completed applications should be sent to:

admin@accs.org.au

Australasian College of Cosmetic Surgery

PO Box 36

Parramatta NSW 2124

For Office Use Only:

Application received by:

Date:

Approved by

Signature

Date