

ARIMGSAS Clinical Preparation Course - Application Form - \$6000

STUDENT ENROLMENT INFORMATION	Student Number:

STUDENT PERSONAL DETAILS					
Family Name			AMC ID:		
Given Names					
Preferred Name (if applicable)		Gender (circle)	M / F	Birth Date dd-mm-yy	/ /
Phone		Mobile			
Email Address			Country of Origin		

ENROLMENT DETAILS	
Course Start Date	Date you wish to start the course
Location	Melbourne

ADDITIONAL INFORMATION			
Have you applied for AMC Clinical examination?	Yes:	No:	Exam Date:

RESIDENTIAL ADDRESS DETAILS			
Address			
Suburb		Post Code	
State		Country	

PAYMENT OPTIONS																										
<input type="radio"/> 1. Credit Card	<p>Name of Card Holder:</p> <p>In case a different name on the card, relation to the applicant.....</p> <p>Card Number:</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>Exp Date: <table border="1"><tr><td></td><td></td><td></td><td></td></tr></table> CCV <table border="1"><tr><td></td><td></td><td></td></tr></table></p> <p>Card Holder Signature.....</p>																									
<input type="radio"/> 2. Local Bank Transfer	Name: Alan Roberts IMGAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Reference: Your Name																									
<input type="radio"/> 3. International Bank Transfer	Name: Alan Roberts IMGAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Reference: Your Name International Bank Transfers may apply																									
<input type="radio"/> 4. Bank Cheque or Bank Drafts	Payable to Alan Roberts International Medical Graduates Support and Advisory Services P/L																									
<input type="radio"/> 5. In Person	EFTPOS Terminal																									

All Payments made to Alan Roberts IMGAS. We do not accept American Express or Diners Club Cards.

PLEASE REMEMBER TO READ AND SIGN THE NEXT PAGE THEN RETURN BOTH PAGES

HOW DID YOU HEAR ABOUT US?			
<input type="checkbox"/> Facebook	<input type="checkbox"/> Website	<input type="checkbox"/> Newsletter	<input type="checkbox"/> Referral By Whom.....
<input type="checkbox"/> Brochure	Other		

How to apply

Print the enrolment form provided, complete and send as email attachment to admin@imgaustralia.net.au.

Please provide a scanned copy of your passport size photo and your CV with your application form.

Application Processing and Closure

- \$ 1,000 will be deducted on application as deposit.
- The balance will be deducted automatically one month prior to the start date.
- Application for Preparation Course closes one week before the course starts.

Fees and refunds

- \$1000 will be withheld if you withdraw less than two weeks prior to the start date.
- \$750 will be withheld if you withdraw from the course after the application.
- No refunds will be given once the course has started
- Should you be unable to attend, a substitute participant is always welcome or you can postpone your enrolment (subject to availability). Please inform us at least two weeks prior to start date should you wish to substitute or postpone your place.

Payments

You can pay with Master card / Visa / Bank Cheque or Bank Draft / or direct deposit into Alan Roberts IMGsAS bank account.

Enquiries

For all enquiries please email admin@imgaustralia.net.au or call +61 3 9867 3344.

Disclaimer:

*ARIMGsAS works in the best interest for IMG's and ARIMGsAS reserves the right to change the pricing for its courses as required

*ARIMGsAS reserves the right to cancel a workshop or course if the course does not meet minimum students required

PRIVACY NOTICE:

ARIMGsAS collects personal information from you including your name, date of birth, and contact details. We use this information to provide you with educational and other services requested by you. We do not pass this information to third parties without your consent except where required or authorised by law. You may access your personal information to determine what is being held and to correct the information if it is found to be inaccurate by contacting us.

MEDICAL DISCLAIMER:

Do you suffer from any medical condition? YES / NO

(If yes, please specify details so that we can
modify our training and assessment to assist
you in completing your training.)

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**BY SIGNING THIS DOCUMENT, I ACKNOWLEDGE THAT I HAVE READ AND
UNDERSTAND THE APPLICATION PROCESS**

APPLICANT SIGNATURE.