

## ARIMGSAS MCQ Preparation Course - Application Form - \$3000

<b>STUDENT ENROLMENT INFORMATION</b>	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	<i>Date you wish to start the course</i>
Location	Melbourne

### ADDITIONAL INFORMATION

Have you applied for AMC Clinical examination?	Yes:	No:	Exam Date:
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### RESIDENTIAL ADDRESS DETAILS

Address			
Suburb		Post Code	
State		Country	

### PAYMENT OPTIONS

<input type="radio"/> <b>1. Credit Card</b>	Name of Card Holder: ..... In case a different name on the card, relation to the applicant..... <b>Card Number:</b> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <b>Exp Date:</b> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <b>CCV:</b> <input style="width: 25px; height: 20px; border: 1px solid black;" type="text"/> <b>Card Holder Signature</b> .....
<input type="radio"/> <b>2. Local Bank Transfer</b>	Name: Alan Roberts IMG SAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Reference: <i>Your Name</i>
<input type="radio"/> <b>3. International Bank Transfer</b>	Name: Alan Roberts IMG SAS Bank: WESTPAC BSB: 033-395 Account: 450 188 Reference: <i>Your Name</i> <b>International Bank Transfers may apply</b>
<input type="radio"/> <b>4. Bank Cheque or Bank Drafts</b>	Payable to Alan Roberts International Medical Graduates Support and Advisory Services P/L
<input type="radio"/> <b>5. In Person</b>	EFTPOS Terminal

*All Payments made to Alan Roberts IMG SAS. 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](mailto: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**

- \$750 will be withheld if you withdraw from the course after the application.
- \$1000 will be withheld if you withdraw less than two weeks prior to the start date.
- 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 IMG SAS bank account.

**Enquiries**

For all enquiries please email [admin@imgaustralia.net.au](mailto:admin@imgaustralia.net.au) or call +61 3 9867 3344.

**Disclaimer:**

**\*ARIMG SAS works in the best interest for IMG’s and ARIMG SAS reserves the right to change the pricing for its courses as required  
\*ARIMG SAS reserves the right to cancel a workshop or course if the course does not meet minimum students required**

**PRIVACY NOTICE:**

ARIMG SAS 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.**

