

APPLICATION FORM for CLINICAL TRIAL EXAM

Course Details

Duration: 5-6 hours in total, including feedback

Fee: AUD\$700 for first trial, AUD\$500 for subsequent trials

How to Apply *

To apply, complete the following documents and send as email attachment to courses@amrc.net.au.

- ☐ Completed application form
- ☐ Proof of your payment receipt, e.g. screenshot of bank transfer receipt

Clinical Trial Exam 2018 intake dates. Select the intake you are applying for: *

- ☐ 20 Jan, 2018
- ☐ 24 Feb, 2018
- ☐ 31 Mar, 2018
- ☐ 28 Apr, 2018
- ☐ 26 May, 2018
- ☐ 23 Jun, 2018
- ☐ 28 Jul, 2018
- ☐ 25 Aug, 2018
- ☐ 28 Sep 2018
- ☐ 27 Oct 2018
- ☐ 24 No, 2018

Applicant Details *

Given name _____

Surname _____

Date of Birth
(dd/mm/yyyy) _____

Country of Origin _____

Address _____

Contact no. _____

Email _____

AMC Candidate no. _____

When do you plan
to sit the AMC
exam? (mm/yyyy) _____

Payment Methods *

- ☐ Bank transfer

Bank	Westpac Banking Corporation
Branch	Haymarket, Sydney
Account name	Australian Medical Review Centre Pty Ltd
BSB	032 028
Account no.	376 081
Swift code	WPACAU2s
Reference	Applicant name

- ☐ Credit card (AMEX not accepted)

Each transaction made with credit card will incur a 2.4% surcharge.

Card type	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard
Card no.	_____	
Card holder name	_____	
Expiry date (mm/yy)	_____	
CCV	_____	
Amount (in AUD)	_____	

- ☐ I agree to pay the 1.5 % surcharge on top of the amount stated above. **(This box needs to be checked for the credit card payment to be processed.)**

Terms & Condition *

- To secure your slot, payment should be made 2 weeks before the exam date.
- No refunds would be given to withdrawals made one week before the exam date.
- No refunds would be given for not appearing on the exam date.
- Full refund would be given if the trial exam is not delivered.
- Your personal information is used only for purposes directly related to the reason you provided it for, with the exceptions under the Privacy Act.

Terms of Service *

- ☐ I agree to the terms of service.

Signature *

BY SIGNING I CERTIFY THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sign here _____

Date: _____

Official Use Only

- ☐ All application documents are completed and received

Comment _____

Signature _____

Date _____