

# Notification of change of address

If your viewer supports it, this form can be filled out electronically - click in any box to begin.  
If filling out by hand, please print neatly in BLOCK LETTERS in black or blue ink.

<b>Effective date of new address</b> Date (dd/mm/yyyy) <input style="width: 150px; height: 20px;" type="text"/>	<b>AMC candidate number</b> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<b>Personal details</b> Family name (surname) <input style="width: 400px; height: 25px;" type="text"/> Date of birth (dd/mm/yyyy) <input style="width: 150px; height: 25px;" type="text"/> Given names <input style="width: 650px; height: 25px;" type="text"/>	
<b>Previous address and contact details</b> Address <input style="width: 600px; height: 25px;" type="text"/> <input style="width: 600px; height: 25px;" type="text"/> Suburb/City <input style="width: 350px; height: 25px;" type="text"/> State <input style="width: 350px; height: 25px;" type="text"/> Postcode <input style="width: 150px; height: 25px;" type="text"/> Country <input style="width: 450px; height: 25px;" type="text"/> Home phone <input style="width: 150px; height: 25px;" type="text"/> Work phone <input style="width: 150px; height: 25px;" type="text"/> Mobile phone <input style="width: 150px; height: 25px;" type="text"/> Fax number <input style="width: 150px; height: 25px;" type="text"/> Email <input style="width: 450px; height: 25px;" type="text"/>	
<b>New address and contact details</b> Address <input style="width: 600px; height: 25px;" type="text"/> <input style="width: 600px; height: 25px;" type="text"/> Suburb/City <input style="width: 350px; height: 25px;" type="text"/> State <input style="width: 350px; height: 25px;" type="text"/> Postcode <input style="width: 150px; height: 25px;" type="text"/> Country <input style="width: 450px; height: 25px;" type="text"/> Home phone <input style="width: 150px; height: 25px;" type="text"/> Work phone <input style="width: 150px; height: 25px;" type="text"/> Mobile phone <input style="width: 150px; height: 25px;" type="text"/> Fax number <input style="width: 150px; height: 25px;" type="text"/> Email <input style="width: 450px; height: 25px;" type="text"/>	
<b>Privacy statement</b> <p>Your privacy is respected by the AMC. Information collected by the AMC may be used for administering the AMC examinations and may be provided to the AMC examination sections as well as the Medical Board of Australia, AHPRA (the Australian Health Practitioner Regulation Agency) and specialist medical colleges, as applicable.</p> <p>If you have any privacy concerns or would like to verify information held about you, please contact the Privacy Officer, Australian Medical Council Limited, PO Box 4810, KINGSTON ACT 2604, Australia.</p>	<b>Consent to collect information</b> Signature <input style="width: 300px; height: 40px;" type="text"/> (Print document and sign by hand) Date (dd/mm/yyyy) <input style="width: 150px; height: 25px;" type="text"/>

Please return this form by post, fax, or email:

**Mailing address:** Australian Medical Council, PO Box 4810, Kingston ACT 2604  
**Fax number:** (02) 6270-9799  
**Email address:** coa@amc.org.au

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