

**REQUEST FOR CONFIRMATION OF DATE
OF PRELIMINARY APPLICATION WITH THE
AUSTRALIAN MEDICAL COUNCIL**
(section 19 AB of the Health Insurance Act)

This form is to be completed if you require confirmation in writing of the date your preliminary application was received by the AMC to enable you to apply for an exemption from the Moratorium on the Medicare Provider Number with the Australian Department of Health and Ageing. Further information regarding the Moratorium can be obtained from the Workforce and Quality Branch of the Department of Health and Ageing by contacting them on 02 6289 5903.

Please complete and return this form to the AMC to enable the Secretariat to process this request. Under the *Commonwealth Privacy Amendment (Private Sector) Act 2000*, the AMC is not able to send these details to anyone but the candidate.

Please note: It may take up to ten working days before this information is received.

Candidate Number:

Date of Birth:

Family Name:

Given Names:

Current Address:

Town/City State Postcode

Previous Address:
(if applicable)

Town/City State Postcode

Telephone: Home: () Work: ()

The AMC is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000. As from 21 December 2001 each candidate is required to give the AMC formal consent to collect and hold personal information. **If consent is not provided by signing below, the AMC will not be able to process your request.**

Your privacy is respected by the AMC. Information collected by the AMC may be used for administering the AMC examination and provided to AMC Examiners and State and Territory Medical Boards. The AMC privacy procedures are set out in a Policy Statement which can be obtained from the AMC. If you have any privacy concerns or would like to verify the information held about you, please contact the Privacy Officer, Australian Medical Council Limited, PO Box 4810, KINGSTON ACT 2604.

Consent to Collect Information:

Signature: **Date:**

OFFICIAL USE ONLY

- File requested from archives:
- Address checked:
- Letter with Executive Officer for confirmation:
- Date letter sent:
- Copy on Medicare file:
- Date sent to candidate:

Date received stamp

This form should be returned to:

AUSTRALIAN MEDICAL COUNCIL LIMITED
PO BOX 4810
KINGSTON ACT 2604
AUSTRALIA

Telephone: 02 6270 9777

Facsimile: 02 6270 9799