Australian Medical Council Limited

AUTHORITY TO RECEIVE INFORMATION ABOUT AN AMC CANDIDATE/APPLICANT

Under the *Privacy Act 1988* (Cth), the AMC is generally not permitted to disclose personal information about an AMC candidate/applicant to a third party (e.g. a relative, friend or agent) without the consent of the candidate/applicant. A candidate/applicant may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

Section to be notified: ☐ Assessment services ☐ MCQ ☐ Clinical ☐ Competent Authority
(Tick one box only)

Candidate/Applicant authorisation (Please print clearly)

I, (full name) _____

Candidate reference number: ☐☐☐☐☐☐☐ Date of birth: ☐☐ ☐☐ ☐☐☐☐
Day *Month* *Year*

Address: _____

_____

authorise my agent to (please tick appropriate box/es):

☐ 1. Communicate with the AMC by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application.

☐ 2. Communicate with the AMC on my behalf regarding the results of relevant assessments conducted by the AMC or specialist medical colleges. This allows the agent to receive your eligibility and EICS verification outcome. The AMC will not release MCQ or clinical examination results to third parties other than the Medical Board of Australia or AHPRA (the Australian Health Practitioner Regulation Agency).

☐ 3. Undertake any other action reasonably necessary for the processing of my application on my behalf, except the signing and lodging of application and withdrawal forms/letters (they must be completed by the candidate/applicant).

☐ ☐☐ ☐☐ ☐☐☐☐
Candidate/Applicant's signature *Day* *Month* *Year*

Agent's consent (Please print clearly)

I, (full name) _____

consent to act as agent of (candidate/applicant's name) _____
as authorised above.

My contact details are (Please print clearly):

Company: _____

Address: _____

_____

_____

Business phone: _____
Country code Area code Telephone number

Mobile phone: _____
Country code Area code Mobile number

Email address: _____

Your privacy is respected by the AMC. Information collected by the AMC may be used for administering the AMC examinations or specialist assessment process and provided to AMC examiners, the Medical Board of Australia or specialist medical colleges.

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 information held about you, please contact the Privacy Officer, Australian Medical Council Limited, PO Box 4810, KINGSTON ACT 2604.