



This form must be completed if you wish to withdraw from a clinical examination placement that you have accepted

AMC REFERENCE NUMBER	<input type="text"/>	DATE OF BIRTH	<input type="text"/>
FAMILY NAME	<input type="text"/>	GIVEN NAME	<input type="text"/>
ADDRESS	<input type="text"/>		DAY TIME CONTACT NUMBER <input type="text"/>
		EXAMINATION WITHDRAWING FROM	<input type="text"/>
REASON OF WITHDRAWAL (Attach additional page if further explanation required and a MEDICAL CERTIFICATE if withdrawing due to illness)		<input type="text"/>	

REFUND OF EXAMINATION FEE (if a refund is applicable, please nominate your preferred method for reimbursement)

CREDIT CARD Mastercard Visa

Credit Card Number: _____ Expiry Date: __/__/__

Cardholder's Name: _____ Signature: _____

CHEQUE PAYMENT

Name to appear on Cheque: _____

Clinical placement number Date Invoice /receipt issued

CLINICAL EXAMINATION WITHDRAWAL FEES

Withdrawal before the payment closing date 50% refund

Withdrawal after payment closing date..... No refund

Withdrawal due to personal circumstances, such as minor illness or travel arrangements that are the responsibility of the candidate will not normally be accepted as exceptional circumstances. Any refund granted following consideration will not be greater than the examination fee less an administrative fee of \$300 and is determined at the sole discretion of the AMC Chief Executive Officer or their nominee.

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

Confirmation of withdrawal and Consent to collect information:

Signature: _____ Date: _____