



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 DATE 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: _____

Clinical placement number Date Invoice /receipt issued

CLINICAL EXAMINATION WITHDRAWAL

Once you have been scheduled in the Clinical examination and then subsequently withdraw, there will be no refund – except in an exceptional circumstance as determined by the AMC Chief Executive Officer or nominee. Such applications must be made in writing, accompanied by a Doctor's certificate or Statutory Declaration. Please note that a withdrawal due to personal circumstances, such as minor illness or travel arrangements that are the responsibility of the candidate will not be accepted as exceptional circumstances. Any refund granted following consideration, will incur an administrative fee of \$300.00

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: _____