



Letter of Consent - Authority to release information

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

Under the Privacy Act 1988 (Cth), the Australian Medical Council (AMC) is generally not permitted to disclose personal information about an AMC candidate to a third party without the consent of the candidate.

Using this form

This form is to provide the AMC with the authority to release/share/provide information regarding your AMC candidate records. (This form can be filled out electronically or by hand. If filling out by hand, please write neatly in BLOCK letters in black or blue ink.)

The AMC is only able to provide information on the following AMC-issued documentation:

- Verification of Medical Qualification certificate (EICS verification issued prior to June 2016)
- Performance in the AMC MCQ Examination (MCQ Feedback / Results)
- Performance in the AMC Clinical Examination
- WBA results letter
- AMC Certificate issued

Personal details

To enable the AMC to provide details of your AMC records, please complete the following (use the **tab** key to move to next block):

AMC Candidate Number

Date of Birth (dd/mm/yy)

Family/Last name/s

Given/First name/s

Email address

Medical school
Name of school that awarded your primary qualification (final medical diploma)

Year awarded
Year your primary qualification (final medical diploma) was awarded

I hereby authorise the AMC to provide information of my AMC records to the following:

Name of institution/company

Name of contact person

Contact email address

Contact phone details

Please tick the required document/s to be verified by the AMC. A full clear copy of each document must be provided with this form:

- | | |
|---|--|
| <input type="checkbox"/> Verification of Medical Qualifications Certificate | <input type="checkbox"/> Performance in Clinical Examination |
| <input type="checkbox"/> Performance in AMC MCQ Examination | <input type="checkbox"/> WBA results letter |
| | <input type="checkbox"/> AMC Certificate |

Signature

(Print document and sign by hand)

Date

Important

The request must be submitted to the AMC by the institution/company. The AMC will only provide confirmation directly to the institution/company that submitted the request, and not to the AMC candidate.

The completed form with relevant document/s must be submitted to verifications@amc.org.au

FOR OFFICE USE ONLY

Response processed by:

Date returned to institution: