

**Identity of applicant**

Family name (surname)

Given names

Date of birth (dd/mm/yyyy)

Country of birth

Gender (tick one box)  
Female  Male

**Candidate number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

**OFFICE USE ONLY**

**Date received stamp**

Code  
.....

Rcpt:  
.....

Amount:

**Address for correspondence**

Address

State  Postcode

Country

**Contact details**

Home phone  Work phone

Mobile  Facsimile

Email

**Method of payment**

The fee for a CAT MCQ examination event is A\$2,920.

Bank cheque or money order  Attach your bank cheque or money order, made out to Australian Medical Council Limited, to this application.

Credit card (MasterCard/Visa)  Include your credit card details below (MasterCard and Visa debit cards not accepted). The recording of your signature is taken as consent to process payment. *A Master/Visa card surcharge fee will be added.*

Credit card number

Name on card  Card expiry date (mm/yy)

Cardholder's signature  Date (dd/mm/yyyy)

## Privacy statement

Your privacy is respected by the AMC. Information collected by the AMC may be used for administering the AMC examinations and may be provided to the AMC examination sections as well as the Medical Board of Australia, AHPRA (the Australian Health Practitioner Regulation Agency) and specialist medical colleges, as applicable.

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, Australia.

## Consent to collect information

Signature

Date

## Declaration by applicant

I wish to apply for authorisation to schedule for an AMC CAT MCQ examination event and certify that I have familiarised myself with the requirements for the examination as set out in the AMC publication *Multiple Choice Question Examination Specifications* and on the AMC website ([www.amc.org.au](http://www.amc.org.au)).

I acknowledge that my eligibility to sit for the AMC CAT MCQ examination is conditional upon my satisfactory completion of the eligibility requirements to sit the examination as set out in *Applying to the Australian Medical Council*.

I acknowledge that any failure by me to complete the requirements to sit the CAT MCQ examination, or any problems with primary source verification of my qualifications documents, may result in the AMC withdrawing my candidature as being eligible to sit the CAT MCQ examination. I also acknowledge that the AMC will withhold my examination results until such time as I satisfactorily meet the eligibility requirements set out in the information booklet and as determined by the AMC.

Signature

Date

## Authorisation and scheduling process

Information on the authorisation and scheduling process is available on the AMC website ([www.amc.org.au](http://www.amc.org.au)).

## Examination fee penalties information

### Reschedule CAT MCQ examination event and/or examination venue

If you wish to reschedule or withdraw from a CAT MCQ examination event or change venue, you must contact Pearson VUE for assistance.

### Cancellation of your authorisation

If you wish to cancel your CAT MCQ Examination authorisation, you must contact the MCQ section at [mcq@amc.org.au](mailto:mcq@amc.org.au)

### Other

Reschedule/withdraw from CAT MCQ examination event via Pearson VUE account.....Before closing date.....No penalties payable

Reschedule/withdraw from CAT MCQ examination venue via Pearson VUE account.....Before closing date.....No penalties payable

Reschedule/withdraw from CAT MCQ examination event and/or venue ..... After closing date ..... No refund

Failure to attend scheduled CAT MCQ examination event ..... No refund

Failure to confirm CAT MCQ examination event and/or venue by end of authorisation period ..... No refund

## All applications with payment must be forwarded to

Australian Medical Council, PO Box 4810, Kingston ACT 2604

Email: [mcq@amc.org.au](mailto:mcq@amc.org.au)

AMC website: [www.amc.org.au](http://www.amc.org.au)