

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

**Candidate authorisation** (Please print clearly)

I, (full name) \_\_\_\_\_

AMC candidate number:

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Date of birth:

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Day Month Year

Address: \_\_\_\_\_  
\_\_\_\_\_

I hereby authorise my third party to communicate with the AMC on my behalf with regards to all aspects of my AMC application, incl. AMC correspondence, assessment, qualification verification(s) and results.

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Day Month Year

*Candidate signature (hand signed)*

**Nominated third party's consent** (Please print clearly)

I, (full name) \_\_\_\_\_

consent to act on behalf of (candidate name) \_\_\_\_\_

Relationship: \_\_\_\_\_

*(agent, spouse, sibling, other – please state)*

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Number: \_\_\_\_\_

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 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.