

# Letter of Consent (for AMC issued documents) -Authority to release information

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. (*f 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.*) 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 medical degree (final medical diploma/primary qualification) |
| Year awarded         |   |
|                      | Year your medical degree (final medical diploma/primary qualification) 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: |  |

| Verification of Medical Qualifications Certificate |
|--|
| Performance in AMC MCQ Examination                 |

WBA results letter

Performance in Clinical Examination

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