Australian Medical Council Limited

# 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 account or file if no account has been created. *(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.)* 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 result letter** *(issued prior to December 2021)*
- **AMC Certificate issued**

## Personal details

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

**AMC 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)

**Year awarded**

Year your medical degree (final medical diploma) was awarded

I hereby authorise the AMC to provide information of my AMC file 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
- ☐ Performance in Clinical Examination
- ☐ WBA result letter
- ☐ 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 international medical graduate.

**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: