



FOMS06 – OMS Trainee occupying an Approved Post

Please type or print in **BLOCK** letters your responses in this form
Completed forms should be submitted via email to oms@racds.org

Personal Details

First Name				RACDS ID <small>(if known)</small>		
Last Name						
Other Names				Date of Birth <small>(dd/mm/yy)</small>		
Email						
Phone	M		H		W	
Mailing Address						

- Are you of Aboriginal, Torres Strait Islander or Māori heritage?
- No
 Aboriginal
 Torres Strait Islander
 Both Aboriginal and Torres Strait Islander
 Māori

Training

Year Accredited Training Completed: _____

The Training year 2019 Program has been approved by the Board of Studies: Yes No

Name of Hospital for approval post: _____

Please provide your proposed timetable with this form.

Director of Training Declaration

I confirm that I have agreed to act as Director of Training for _____ (name of trainee) during 2019 that the above post details (if applicable) are correct.

DoT Signature _____
(Unsigned applications will not be processed)

Date _____

Trainee Declaration

As a registered trainee with the Oral and Maxillofacial Surgery (OMS) training program of the Royal Australasian College of Dental Surgeons Incorporated (RACDS), I agree to abide by the terms and conditions of the training program as stated in the [Handbook](#).

I understand that financial membership of the RACDS must be maintained for the duration of training.

I acknowledge that my information will be handled in accordance with the RACDS [Privacy Policy](#) and I agree that program information may be used for the purposes of evaluation and research.

Please Print Name: _____

Trainee Signature _____
(Unsigned applications will not be processed)

Date _____

Payment Options



Payment Amount	OMS Trainee occupying and Approved Post \$AU <i>(Please refer to the Fee Schedule on the College website for the applicable fee amount)</i>	
<input type="checkbox"/> Credit Card	Card Type	<input type="radio"/> MasterCard <input type="radio"/> Visa
	Card Holder Name	
	Card Number	
	Expiry Date	
	CCV	
	Card Holder Signature	
<input type="checkbox"/> Cheque	<ol style="list-style-type: none">1. Made payable to "Royal Australasian College of Dental Surgeons"2. In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise)	