



## FOMS15 – Extension of OMS Training for Completion of Research Requirements

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

First Name		RACDS ID <small>(if known)</small>	
Last Name			
Other Names		Date of Birth <small>(dd/mm/yy)</small>	

### Section 1 – Personal Details

A Subscription application is attached → **Go to Section 2**  
I am already subscribed to the College → **Complete only details which have changed**

Email			
Phone	M	H	W
Mailing Address			
Principal Work Address			

Are you of Aboriginal, Torres Strait Islander or Māori heritage?

- No  
 Aboriginal  
 Torres Strait Islander  
 Both Aboriginal and Torres Strait Islander  
 Māori

### Section 2 – Training Extension Period (Tick relevant period, fill out for all completed)

Year commence OMS Training Program <small>(BST(OMS) or OMS 1)</small>	Pre-2004	2004 - 2009	2010 and beyond
<input type="checkbox"/> <b>Period 1 (1<sup>st</sup> 6 months)</b>	Start Date:		
	End Date:		
<input type="checkbox"/> <b>Period 2 (2<sup>nd</sup> 6 months)</b>	Start Date:		
	End Date:		
<input type="checkbox"/> <b>Period 3 (3<sup>rd</sup> 6 months)</b>	Start Date:		
	End Date:		

### Section 3 – Supervisor of Research

Supervisor's Name:			
Contact Ph:			
Contact email:			
Supervisor's Signature:		Date:	



### Section 4 – Director of Training Declaration

I confirm that the above person is currently a trainee in Oral and Maxillofacial Surgery (OMS) at the Royal Australasian College of Dental Surgeons (RACDS) and that the trainee is extending the training period for completion of research requirements.

Print Name	Trainee Commencement Date	
DoT Signature _____ <i>(Unsigned applications will not be processed)</i>		Date _____

### Section 5 – 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.

Trainee Signature _____ <i>(Unsigned applications will not be processed)</i>	Date _____
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### Section 6 – Submission Checklist

- The payment for the trainee registration fee is enclosed
  - I have signed the form
  - The form has been signed by my Director of Training
  - All required sections are filled out, including section 2
- Please Note:** The College also must receive the following documents (if not already submitted)

### Section 7 – Payment Options

Payment Amount	OMS Trainee occupying and Accredited Post		
	\$AU _____ <i>(Please refer to the <a href="#">Fee Schedule</a> 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"> <li>Made payable to "Royal Australasian College of Dental Surgeons"</li> <li>In Australian dollars and drawn on an Australian bank (bank fees may apply otherwise)</li> </ol>		