



Annual Registration for OMS Trainee Occupying an Approved Post

FOMS 12

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) 4 Trainees occupying an approved post who are registering at the beginning of training year in accordance with *Part E - Section 1, 1.11 Approved Position*, of the [OMS Handbook](#).
- OMS Trainees must pay the requisite fees for Registration for Trainee Occupying an Approved Post. Once extension of training has been approved, an invoice will be generated. Please refer to the fee schedule via the [RACDS website](#).
- Please complete this form then request your Director of Training to sign before emailing to omstrainee@racds.org by 15th December. Late and incomplete registration forms will not be accepted.

Applicant Details

First name					RACDS ID			
Last name					<small>(if known)</small>			
Email address								
Mailing address								
Phone	M		H		W			

Approved Post Details

Training status	Date completed accredited OMS 4 training	
	Training centre	
Approved post	Start date	
	End date	
	Hospital	
	Supervisor of Training	
<i>Please provide your proposed timetable with this form</i>		

Director of Training Declaration

I hereby declare that Dr _____ has applied for an approved position in the _____ Training Centre. The above approved post and supervisor details are correct at the time of signing.

Director of Training _____

Signature: _____

Date: _____

Trainee Declaration

I hereby declare that information provided in this application is true and correct. I agree that my information will be handled in accordance with the Royal Australasian College of Dental Surgeons (RACDS) [Privacy Policy](#).

Signature: _____

Date: _____