



<h2 style="margin: 0;">Annual Registration for OMS Trainee Occupying an Accredited Post</h2>	FOMS 02
--	---------

Instructions

- This form is for Oral and Maxillofacial Surgery (OMS) Trainees occupying an accredited post who are registering at the beginning of each training year in accordance with the [OMS Handbook](#).
- Please complete this form then request your Director of Training to sign before emailing to omstraineer@racds.org by 15th February. Late and incomplete registrations will not be accepted.

Applicant Details

First name					RACDS ID <i>(if known)</i>	
Last name						
Other names					Date of birth <i>(dd/mm/yy)</i>	
Email address						
Phone	M		H		W	
Mailing address						

Training

Year commenced in OMS Training Program			
Previous period of interrupted training	<input type="checkbox"/> No	<input type="checkbox"/> Yes	Year(s):
RACS courses completed before OMS 3 training <i>(Please attach evidence of completion)</i>	<input type="checkbox"/> ASSETT	<input type="checkbox"/> EMST	<input type="checkbox"/> CCriSP
Current training year	Start date:		Expected end date:
<input type="checkbox"/> OMS 1	First or only training post		
<input type="checkbox"/> OMS 2	Supervisor of Training		
<input type="checkbox"/> OMS 3	Second training post		
<input type="checkbox"/> OMS 4	Supervisor of Training		



Director of Training Declaration

I hereby declare that Dr _____ is currently an OMS trainee in our training centre.
The above training post and supervisor details are correct.

Director of Training

Signature _____

Date _____

Trainee Declaration

I hereby declare to abide by the terms and conditions of the OMS Training Program as stated in the OMS Handbook and Royal Australasian College Dental Surgeons (RACDS) policies. I acknowledge that my information will be handled in accordance with the RACDS [Privacy Policy](#) and may be used for the purposes of evaluation and research.

Trainee signature _____

Date _____

Payment

Please select your preferred payment schedule and pay the registration fee online via the RACDS website before submitting this form. Refer to the RACDS [Refund Policy](#) for information on refunds.

Date of payment

Payment schedule

[Annual](#) [Biannual](#) [Quarterly](#)

Amount paid

AUD

Invoice/ receipt
number