



APPLICATION FORM

Please complete all sections - this is an editable PDF

Handwritten applications will NOT be accepted

Please attach
passport size
photo here
or scan as a
separate page

You are applying for
Course 29th April - 31st May, 2019

Name	First Names		Surname	
Date of Birth	Day	Month	Year	
Address current				
Address one month before course				

Contact Numbers		One month before course	
Home		Home	
Work		Work	
Mobile		Mobile	
Email		Fax	
Date of first medical qualification (eg. MB ChB)	Day	Month	Year
University			

Do you want accommodation where breakfast and dinner are provided?

Yes

No

Please state any special dietary requirements

Do you wish to hire a flat/apartment and do your own catering?

Yes

No

How many times have you presented for the FRACS examination previously?

0

1

2

3

What SET specialty have you been accepted for?

Are you preset (JDOC)?

Yes

No

Fees if paying within New Zealand

Course Fee	\$NZ 4350.00
Accommodation Deposit	\$NZ 350.00
Total Fee	\$NZ 4700.00

Fees if paying from outside New Zealand

Bank Fee	\$NZ 25.00*
Course Fee	\$NZ 4350.00
Accommodation Deposit	\$NZ 350.00
Total Fee	\$NZ 4725.00

**The NZ receiving bank charges a transaction fee Plus there will be bank charges from your originating bank*

Return form to: Jenny Hurley

C/o Department of General Practice & Rural Health Dunedin School of Medicine,
University of Otago, PO Box 56, Dunedin 9054, New Zealand or email to
bse.course@otago.ac.nz (send to tikotiko@mail.com if you are using hotmail)

Please pay fee by bank draft or New Zealand cheque made out to

Dunedin Basic Medical Sciences Course

We cannot take credit card payments

If you are in New Zealand and want to pay via internet banking:

Account No.: 03 0883 0164577-00. Reference details: Candidate Surname

If you are overseas, the details to pay via your bank are as follows:

03 0883 (BSB No.) 0164577-00 (Account No.)

Bank: Westpac

Dunedin North Branch

58 Albany Street

North Dunedin, 9016, NEW ZEALAND

Name: Dunedin Basic Medical Sciences Course

Swift No: WPACNZ2W

Reference details: Candidate Surname

On submitting your application form, we will require supporting evidence from your RMO Co-ordinator, Surgical Supervisor or similar authority, that you have been granted leave to attend.