

Name



Surname

## **APPLICATION FORM**

Please complete all sections - this is an editable PDF

Handwritten applications will NOT be accepted

You are applying for Course 2nd May - 3rd June, 2022

First Names

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

| Date of Birth                            | Day Mo                           | nth Yea | ar    |      |
|--|----------------------------------|---------|-------|------|
| Address current                          |                                  |         |       |      |
|  |                                  |         |       |      |
|  |                                  |         |       |      |
| Address<br>one month before course       |                                  |         |       |      |
|  |                                  |         |       |      |
|  |                                  |         |       |      |
| Contact Numbers  One month before course |                                  |         |       | urse |
| Home                                     |                                  | Home    |       |      |
| Work                                     |                                  | Work    |       |      |
| Mobile                                   |                                  |         |       |      |
| MODILE                                   |                                  | Mobile  |       |      |
| Email                                    |                                  | Mobile  |       |      |
| Email                                    | lical qualification (eg. MB ChB) |         | Month | Year |

| How many times  | have you presented for the FRAC   | S examination prev  | viously?       |                             |  |  |
|---|---|---|----------------|-----------------------------|--|--|
| 0 1   | 2 3   |   |                |                             |  |  |
| What SET specia   | alty do you hope to apply for?  |   |                |                             |  |  |
| Are you preset (J   | DOC)?   |   | Yes            | No                          |  |  |
| Fees if paying within New Zealand Course Fee \$NZ 4,700.00 inc GST  Total Fee \$NZ 4,700.00 inc GST   |   | Fees if payin<br>Bank Fee<br>Course Fee                         | ***===****     |                             |  |  |
|   |   | Total Fee  *The NZ receiving                                    | \$NZ4,7        | 25.00 inc GST 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: bse.course@otago.ac.nz |   |   |                |                             |  |  |
|   |   |   |                |                             |  |  |
| Acc   | If you are in New Zealand ple<br>count No.: <b>03 0883 0164577 00</b> . F<br><b>We cannot take cr</b> | Reference details:  | Candidate Surn | name                        |  |  |
|   |   |   |                |                             |  |  |

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

**Note:** You will need to bring your own laptop for this course.