

## APPLICATION FOR ASSESSMENT OF COMPARABILITY IN THE SPECIALITY OF MEDICAL ADMINISTRATION

*To be eligible to apply for specialist assessment, you are required to hold a specialist qualification from overseas that allows you to practice in the relevant speciality field in your country of training.*

Lodge this form with the specified supporting documents to  
[IMG@racma.edu.au](mailto:IMG@racma.edu.au)

### Note:

- The form below has been customised for applicants seeking specialist registration in Australia. If you seek registration in New Zealand, make sure to comply with the **Medical Council of New Zealand** (MCNZ) requirements throughout the application process, and when completing this form. Wherever a reference is made to the Australian Health Practitioner Regulation Agency (AHPRA) or the Medical Board of Australia (MBA) throughout this form, you should refer to the MCNZ website ([www.mcnz.org.nz](http://www.mcnz.org.nz)) for relevant requirements and further information.
- If you are assessed as comparable in the specialty of Medical Administration, and found suitable to enter the RACMA Fellowship Training Program, you will **not** be required to submit a separate Application for Candidacy form or pay a separate application fee. Information provided in this form will be used to process your transition into the Training program. However, you may be contacted by RACMA National Office to provide additional information as required.

### Before completing your application, please read the below information:

- Please ensure that the application forms and copies of documents are completed and certified correctly.
- If your application is assessed as incomplete, you will have six months to submit the outstanding documentation before your application expires and your application fee will be forfeited and your application will be returned to you. If your application expires you will be required to submit a new application by completing the relevant paper-based application including the application fee and all required documentation.
- Forms incorrectly completed will not be assessed and your application will be determined to be incomplete (see above).
- You should read the information available on the Medical Board of Australia (MBA) ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)) and RACMA website ([www.racma.edu.au](http://www.racma.edu.au)) before completing the application forms.
- You should refer to the MBA website ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)) for correct witnessing procedures.
- Applicants should also familiarise themselves with policies of the College that may apply to the applicant when undergoing training, including [RACMA's Discrimination, Harassment, Bullying and Victimisation Policy](#).

**STATUTORY DECLARATIONS**

RACMA accepts the following as eligible to witness declarations and required assessment documentation:

IN AUSTRALIA	OVERSEAS
<p>A Justice of the Peace            Chief Magistrate – Police Magistrate – Resident Magistrate – Special Magistrate.            A person appointed under the <i>Statutory Declarations Act 1959</i>, as amended, or under a State Act to be a Commissioner for Declarations.            A Notary Public.            A person appointed as a Commissioner for Declarations under the <i>Statutory Declarations Act 1911</i>, or under that Act as amended, and holding office immediately before the commencement of the <i>Statutory Declarations Act 1959</i>.</p>	<p>Notary Public            Commissioner of Oaths (South Africa, Sudan and Canada <i>only</i>)            A person appointed to hold, or act in, the office in a country or place outside Australia in an Australian Embassy, High Commission, Legation or other post as:            Australian Consul-General, Consul or Vice-Consul.            Australian Trade Commissioner or Consular Agent.            Australian Ambassador or High Commissioner.            Australian Minister, Head of Mission, Commissioner, Chargé d’Affaires or Counsellor.            Australian Secretary or Attaché.  <b>ote:</b> A Justice of the Peace registered outside Australia is NOT accepted for witnessing documentation.</p>

It is important that the witness state in their wording that it is a **‘certified true copy’**. A sample of acceptable wording is shown below.



The name and title of the witness and the date certified must also be included in the certification. Certification should be made on each page of the actual document. If the witness certifies the document on a separate page, it needs to be correctly notary bound (no staples allowed).

**EVIDENCE OF ENGLISH LANGUAGE PROFICIENCY**

You must supply evidence of English language proficiency. RACMA will accept IELTS or OET results from within the previous 2 years at a level of achievement acceptable to the Medical Board of Australia (MBA). If your secondary schooling and specialist training was taught and assessed in English you may be eligible for an exemption from this requirement. While RACMA bases its exemption criteria on that of the MBA/MCNZ, please be aware that a College-granted exemption will only apply to the College processes and is not indicative of MBA or MCNZ requirements. This is in accordance with the English Language Skills Registration Standard of the Medical Board of Australia. The standard is available on the Medical Board of Australia website ([www.medicalboard.gov.au](http://www.medicalboard.gov.au)).

**CHECKLIST OF THE DOCUMENTATION TO BE SUBMITTED WITH THIS  
COMPARABILITY FOR SPECIALIST RECOGNITION IN MEDICAL  
ADMINISTRATION:**

- Completed *Application for Assessment of Comparability in the Speciality of Medical Administration*
- Curriculum Vitae
- Primary medical qualification(s) – certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy  
<http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>
- Specialist qualification(s) – certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy  
<http://www.ahpra.gov.au/Registration/Registration-Process/Translating-Documents.aspx>
- Certified copies of all management qualifications – certified copies, in original language and English translations. All translations must comply with the AHPRA translation policy.
- Medical Registration – Copy of your current medical registration
- Certificates of Fellowship/membership of specialist medical bodies
- Certificate(s) of Good Standing – must cover the last two years of practice and be dated within six months of the application
- Copy of your AMC Primary Source Verification Application – applicants must apply to the AMC for EICS verification before applying to the College (*this form may be obtained from the AMC*)
- 1 recent (no older than 12 months) passport-sized photo (attached to the front of this application form)
- Evidence of English Language Proficiency
- Confirmation of identity
- Certified copy of passport
- Certified copy of evidence of change of name (if applicable)
- 3 Referee reports – see **PART J**
- Positions descriptions and organisational charts as per **PART E2**
- Confirmation of job offer in Australia (if applicable), including:
  - Letter from employer
  - Position description and organisational chart

## APPLICATION FOR ASSESSMENT OF COMPARABILITY IN THE MEDICAL SPECIALITY OF MEDICAL ADMINISTRATION

Please ensure that all sections of this form are completed prior to lodgement with RACMA

### **PART A: APPLICATION DETAILS**

#### **A1. APPLICANT DETAILS**

Family name (Surname)			
Given names			
Date of birth		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Country of birth			
Address			
State		Postcode	
Country			
Home phone		Work phone	
Mobile		Facsimile	
Email address			

#### **A2. EPIC VERIFICATION**

All applicants for the specialist college assessment pathway (for registration as a specialist) require primary source verification of their medical qualifications through the International Credentials Services of the Educational Commission for Foreign Medical Graduates (ECFMG) in the United States of America.

Applicants must apply to the Australian Medical Council - AMC and AHPRA - ([www.amc.org.au](http://www.amc.org.au)) for EPIC verification. The documents will be forwarded to the ECFMG for verification through the original issuing university or institution. When confirmation of verification is received by the AMC, the candidate will be informed.

For information on EPIC and primary source verification please refer to the AMC website at <http://www.amc.org.au/assessment/psv>

Candidates who have previously obtained confirmed verification of their primary medical degree through the EPIC will be required to provide the AMC with their EPIC number and sign the Authorisation for Release of Information Form to enable the AMC to obtain a copy of the verification report from the EPIC

**EPIC Number**

**USMLE Number**

**Comments**

**PART B. PROFESSIONAL DETAILS**

**B1. CURRENT POSITION**

Title			
Employer organisation			
Work address			
Telephone		Facsimile	
Website			

**Direct Line Manager** (if applicable)

Name			
Title			
Telephone		Mobile	
Email address			

**B2. PROPOSED POSITION IN AUSTRALIA/NEW ZEALAND**

A requirement of the RACMA Fellowship Training Program is that the Candidate completes the equivalent of three academic years full time supervised medical management experience in the workplace. This experience will be gained in an accredited training post during which time the Candidate will have a supervisor (usually their line manager) and a Preceptor allocated by the College. The College accredits training posts within health service training organisations by assessing workplace information in an application form and confirming details at an accreditation site visit. Assessment includes supervision, infrastructure, support services and a comparison of the workplace experiential opportunities offered by the organisation against the competency requirements of the Fellowship Training Program. Please see [RACMA website](#) for additional information.

- I currently have a medical management position in Australia/New Zealand, as reported in section B1 above >> **Go to Part C**
- I have not yet secured/negotiated a medical management position in Australia/New Zealand >> **Go to Part C**
- I have secured/negotiated a medical management position in Australia/New Zealand >> Attach confirmation of your future employment (e.g., letter of offer from employer), a position description and an organisational chart;  
>> Complete the details below:

Proposed position			
Employer organisation			
Work address			

**Contact Person at the employing organisation**

Name			
Title			
Telephone		Mobile	
Email address			

**PART C: MEDICAL QUALIFICATIONS AND EXPERIENCE**

**PRIMARY MEDICAL QUALIFICATION**

*If you have not already done so, you must submit an application to the Australian Medical Council for Primary Source Verification of this qualification.*

Country of training		Year qualified	
Primary qualification		Year awarded	
Name on diploma			
Medical school			
Issuing university			

**PRINCIPAL/HIGHEST SPECIALIST MEDICAL QUALIFICATION**

Qualification		Year qualified	
Country of training		Year awarded	
Institution awarding qualification			
Issuing university/ tertiary institution			

**PART D: PRINCIPAL MANAGEMENT /HEALTH MANAGEMENT QUALIFICATION**

*Please attach certified copies of your qualifications*

Title			
Training organisation			
Country of training		Year awarded	

Title			
Training organisation			
Country of training		Year awarded	

Title			
Training organisation			
Country of training		Year awarded	

**Additional comments**

--

**PART E: PROFESSIONAL EXPERIENCE**

Please attach your complete CV to this application. Include in your CV a summary of all your clinical and managerial experience, including start and end dates for each position held and FTE fraction for the last 10 years.

**PART E1. CLINICAL EXPERIENCE**

*It is a pre-requisite of the RACMA Fellowship Training Program for Candidates to have a minimum of 3 years full time equivalent (FTE) clinical experience in direct patient care. The College has adopted the Medical Board of Australia's definition of an academic year of 47 weeks. This period excludes annual leave but may include up to 2 weeks of professional development.*

>> Please highlight in your CV relevant roles in support of the 3 year (47 weeks x 3) period of your direct patient care experience.

**PART E2. MEDICAL MANAGEMENT EXPERIENCE**

1. Total years of *net FTE\** experience in formal medical/health management roles across your career:

- 5-10                       11-15                       16-20                       21+

\* Net FTE is the net number of years you were involved in Medical Management activities, totalled for all relevant positions across your career. *Per role, this is calculated as Duration in role\* FTE\*% of time dedicated to Medical Management activities. For example, assume that you held the specified position for a duration of 5 years at 4 days a week (0.8FTE), and that 3 days a week (75% of your time) were dedicated to Medical Management activities. The Net Medical Management experience completed in this period is (5 years\* 0.8FTE\*75%) = 3 years. This calculation should be repeated for all relevant positions.*

2. What best describes the setting(s) for your work in the last 10 years?

- Public Hospital                       Private Hospital                       Private Practice

- Management consulting     Higher Education – Teaching/Research     Defence

- Government Health Department

- Other government department (specify): \_\_\_\_\_

- Other (please specify): \_\_\_\_\_

3. Please attach the following documents (*highlighted cells are mandatory*):

Document	Current position	Previous position*	Earlier positions
Position description	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organisational chart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance evaluation (if available)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* The position directly preceding your current position

#### 4. Summary of Employment History

- Please complete the table below for your positions in **the past 10 years**. Please also highlight these positions in your CV.
- Honorary or volunteer positions should *not* be included
- Add rows as appropriate
- If answer is “Other” please specify in the comment box below (include relevant [row, column] identifiers with your comment)
- Use codes where appropriate. See [Attachment 2](#) for legend of Codes for this table.

	A	B	C	D	E	F	G	H	I	J	K		
	Position	Organisation	From MM/YYYY	To MM/YYYY	Reporting to <sup>[1]</sup>	Setting Code <sup>[2]</sup>	RRMA Code <sup>[2]</sup>	Budget <sup>[2]</sup>	Staff <sup>[3]</sup>	FTE <sup>[4]</sup>	Responsibilities (%) <sup>[5]</sup>		
											Clinical	Management	Other
1													
2													
3													
4													
5													

<sup>[1]</sup> Board/CEO/EDMS/DMS/HOD/Government Department/Other

<sup>[2]</sup> See legend of codes in [Attachment 2](#)

<sup>[3]</sup> Number of staff (clinical and non-clinical) in the department or service for which you were responsible

<sup>[4]</sup> FTE = Full time equivalent, as defined by the employing organisation

<sup>[5]</sup> Please specify percentage of time dedicated to various clinical/managerial/other (e.g. teaching, etc.) duties in this position

#### Comments (e.g., “Other” etc.)



**5. Detailed Description of recent positions**

Please complete the position descriptions in following pages, according to the template provided below. Required information is for your **current and previous** positions.

**Only typed responses will be accepted.**

**5A. Current position**

Organisation				
Title				
Reports to				
Position held	From (MM/YYYY)		To (MM/YYYY)	<b>CURRENT</b>

**Position summary (up to 200 words):**

**Key Results Areas (up to 100 words):**

**Authority (up to 150 words):**

Provide additional information on the scope and authority/responsibility in this position (e.g., number and composition of staff directly reporting to you and/or who are affected by your decisions, financial authority)

**Impact (up to 150 words):**

Include, e.g., people within your organisation and/or key external stakeholder organisations that are *directly* impacted by your decisions; indicate the kind of stakeholder groups with whom you *directly* liaise in this position and nature of engagement

**5B. Previous Position**

*This section refers to the position directly preceding your current position*

Organisation				
Title				
Reports to				
Position held	From (MM/YYYY)		To (MM/YYYY)	

**Position summary (up to 200 words):**

**Key Results Areas (up to 100 words):**

**Authority (up to 150 words):**

Provide additional information on the scope and authority/responsibility in this position (e.g., number and composition of staff directly reporting to you and/or who are affected by your decisions, financial authority)

**Impact (up to 150 words):**

Include, e.g., people within your organisation and/or key external stakeholder organisations that are *directly* impacted by your decisions; indicate the kind of stakeholder groups with whom you *directly* liaise in this position and nature of engagement

6. Please assess your **level of experience** with the following activities:

*As applicable, provide **evidence** in support of your claims*

Activity	Experience				
	None	Limited	Moderate	Good	Significant
Engagement with senior management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with senior medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engagement with external stakeholders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safety and risk management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corporate Governance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Policy and regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workforce recruitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Designing systems of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performance management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitoring operational performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medico-legal work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Private consulting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IT/IS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capital works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

7. Write a 250-300-word description of your key achievements in the past 10 years.

8. Describe in 250-300 words one of the most important situations you had to resolve in performing the duties and responsibilities of your position. Indicate how you solved the situation and the kind of policy/practice change which has evolved from your decision-making in this case.

**PART G: PUBLICATIONS**

Please include in your CV any relevant publications.

**1** Number of peer-reviewed publications in **Medical Management/Health Services Research** journals

- 0       1-5       6-10       11-15       16-20       21+

**Please highlight these articles in your attached CV**

**2** Research Projects you have led:

Research type

Number of projects (approx.)

Academic research undertaken for qualifications

\_\_\_\_\_

Special study grants

\_\_\_\_\_

Clinical Research

\_\_\_\_\_

Other scientific/ pre-clinical research

\_\_\_\_\_

Organisational Development/Change/ Quality improvement

\_\_\_\_\_

Other (please specify below):

\_\_\_\_\_

*Additional information on your research projects:*

**PART H: AWARDS/HONOURS**

Please provide details:

Current honorary positions, e.g. board memberships:

## **PART J: REFEREES**

Please forward a copy of the RACMA [Referee Report form](#), available on RACMA website, to three referees.

➤ **Note: the Referees should be your direct line managers from your last (most recent) three roles.** Once forms are completed, please ensure referees submit the reports directly to the College to [IMG@racma.edu.au](mailto:IMG@racma.edu.au). This is the responsibility of the Applicant. **Your application will not be processed until all referee reports are received.**

The College may contact referees for verification purposes. Please list nominated referees below:

### **Referee 1**

Name			
Position			
Organisation			
Telephone		Mobile	
Email address			

### **Referee 2**

Name			
Position			
Organisation			
Telephone		Mobile	
Email address			

### **Referee 3**

Name			
Position			
Organisation			
Telephone		Mobile	
Email address			

## **PART K. ADDITIONAL INFORMATION**

### **K1. NAME CHANGE/VARIATION**

Is the name shown above the same as that shown on all the attached documents?

Yes     No

*\* If NO, you are required to attach certified documentary evidence of your change of name. If submitting a statutory declaration, ensure that all variations are explained and state which name you wish to be known for specialist assessment purposes.*

### **K2. EVIDENCE OF IDENTITY**

All applicants applying for specialist assessment must provide proof of their identity. Applicants will need to provide proof of personal identity by way of submission of two (2) types of identification documentation. To view these requirements, visit the AMC website ([www.amc.org.au](http://www.amc.org.au)). Please note that meeting the AMC's requirements for identification will not necessarily satisfy the Medical Board of Australia's proof of identity requirements.

**Tick this box if you have submitted certified evidence of identification**

### **K3. PRIVACY**

RACMA is required by the Information Privacy Act 2000 (Victoria) and the Commonwealth Privacy Act 1988. Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council, AHPRA and the Medical Board of Australia.

If you have any privacy concerns or would like to verify information held about you, please contact the College.

**See and sign Attachment 1: Privacy Notice And Consent Form**

➤ If you wish to nominate a third party (agent) to communicate with the College and/or act on your behalf for the purposes of your assessment for comparability, please complete and sign *Attachment 3*

**K4. DECLARATION BY APPLICANT**

*Please print clearly in sections below and complete all fields*

I,  (Name)  
of  (Address)  
 (Occupation)

**DO SOLEMNLY AND SINCERELY DECLARE THAT:**

- I hereby apply for a Panel Interview for the Assessment of Comparability in the Specialty of Medical Administration
- I am the person identified in this Application to be assessed for Recognition as a Specialist.
- I am the person who has signed below
- I have familiarised myself with the requirements, procedures and policies as set out in relevant MBA and College publications
- The statements made, and the information provided, in this application form and in the certified documents attached are true and complete
- I acknowledge the fee requirements to undertake the Assessment of Comparability in the Specialty of Medical Administration by RACMA
- I have read the online College Handbook and I acknowledge the requirements outlined for successful completion of the Fellowship Training Program via the OTS Pathway
- Should I be selected for interview, I will notify the College of changes to my personal or professional details and undertake to pay all fees by the due date
- I authorise the College to place my details on the College (Company) Register

Signature of person making the Declaration:

Declared at  on the  day of  (month & year)  
*Name of city, town, suburb or locality*

Before me\*

Signature of person before whom the Declaration is made

Please print name of witness in BLOCK LETTERS

Insert official title\*\* of witness

Insert address of witness

Contact number of witness

\* The person witnessing this Declaration must be the same person who certifies the documents of the applicant. If a different eligible witness is used to certify the supporting documentation you must submit a statutory declaration explaining why a different witness was used and it must be witnessed by the new eligible witness.

\*\* The title of the witness must be written (e.g. Notary Public, Justice of the Peace).

**SEND YOUR COMPLETED APPLICATION FORM, CERTIFIED DOCUMENTS AND PAYMENT TO THE COLLEGE**



## *Attachment 1: Privacy Notice and Consent Form*

### **PRIVACY NOTICE**

Personal information (including sensitive and health information) collected in this form or in connection with your RACMA membership will be used to assess and process your application, to administer your RACMA membership and to send you information about programs, services and events that may be of interest.

If you do not provide the personal information RACMA requires you to provide, RACMA may not be able to process your application or provide some or all of the benefits of RACMA membership. The information RACMA collects about you may be disclosed to your nominated referees and previous employees or placements (for the purpose of assessing your application), to training settings and to individuals and organisations that provide training related services, to persons appointed to perform support, mentoring and assessment functions. Such information may also be disclosed to AHPRA and other regulatory bodies for regulatory purposes, to bodies carrying out credentialing or quality assurance activities, to hospitals or other organisations to which you apply for employment or accreditation, to organisations seeking to source expert advice or consultancy services, to organisations seeking to identify candidates for appointments and awards, to RACMA's external service providers (for example IT contractors and event organisers) and otherwise as required or authorised by law.

In particular, RACMA may collect information about an applicant from the applicant's employer or supervisor, including information about the applicant's performance and conduct and other information relating to the applicant's employment.

RACMA conducts activities in Australia, New Zealand and Hong Kong. Personal information collected in Australia about a RACMA member may be disclosed to a recipient in one of those countries. RACMA may be unable to ensure that the overseas recipient does not breach the Australian Privacy Principles in relation to such information.

For further information about privacy at RACMA, including information about how to access or correct your personal information and about how to make a privacy complaint, see [RACMA's Privacy Policy](#) on RACMA's website.

The consent authorisation relating to this information is outlined below. If you do not agree to the disclosure information, you will not be precluded from applying for comparability assessment in the speciality of medical administration or from applying to the Fellowship Training Program. This consent can be revoked at any time in writing. You can access your personal information by contacting us at [info@racma.edu.au](mailto:info@racma.edu.au) or +613 9824 4699.

---

### **CONSENT AND ACKNOWLEDGMENT**

I, ..... (name), an applicant for Assessment of Comparability in the speciality of Medical Administration by the Royal Australian College of Medical Administrators ('RACMA'):

1. consent to RACMA collecting personal information about me from my nominated referees for the purpose of considering my application for membership;
2. consent to RACMA disclosing such information to the types of organisations described in the above Privacy Notice, for the purposes of considering my application and administering my membership of RACMA (including to a recipient in a country outside Australia, notwithstanding that RACMA may be unable to ensure that the recipient does not breach the Australian Privacy Principles in relation to the information);

3. state that any personal information about another individual (including a nominated referee, employer or emergency contact) that I have provided with this application is provided with that individual's knowledge and consent; and
4. acknowledge that I am not required to provide this consent and may revoke it at any time, but understand that if my consent is not provided or is revoked, I may not obtain any or all the benefits of RACMA membership.

Signature  Date

## *Attachment 2: Employment History Legend*

Use the following codes when completing **Table E2.4** on page 8

### **Column F: Setting type**

Code	Description
<b>F1</b>	Public Hospital
<b>F2</b>	Private Hospital
<b>F3</b>	Private Practice
<b>F4</b>	Management consulting
<b>F5</b>	Higher Education – Teaching/Research
<b>F6</b>	Defence
<b>F7</b>	Area Health Service
<b>F8</b>	Government Health Department
<b>F9</b>	Other government department/organisation
<b>F10</b>	NGO
<b>F11</b>	Other

### **Column G: Australian Statistical Geography Standard (ASGS) Classification**

The Australian Statistical Geography Standard (ASGS) Classification for the location of your positions:  
For classification information please visit:

[http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ASGSRA\\_locator](http://www.doctorconnect.gov.au/internet/otd/publishing.nsf/Content/ASGSRA_locator)

Zone	Code	Category
Metropolitan	<b>RA1</b>	Major Cities
Inner Regional	<b>RA2</b>	Large rural centres
Outer Regional	<b>RA3</b>	Small rural centres
Remote	<b>RA4</b>	Remote centres
Very Remote	<b>RA5</b>	Very remote centres

### **Column H: Budget (Financial Authority)**

Code	Description
<b>H1</b>	None
<b>H2</b>	< \$500K
<b>H3</b>	\$500K - \$1M
<b>H4</b>	\$1M - \$5M
<b>H5</b>	\$6M - \$10M
<b>H6</b>	\$11M - \$20M
<b>H7</b>	\$21M - \$50M
<b>H8</b>	> \$50M
<b>H9</b>	Other

***Attachment 3: Authority to Receive Information about an Applicant for Specialist Recognition in Medical Administration***

Under the *Privacy Act 1988* (Cth), RACMA is generally not permitted to disclose personal information about a College candidate/applicant to a third party (e.g. a relative, friend or agent) without the consent of the candidate/applicant. A candidate/applicant may authorise a third party (agent) to communicate and/or act on their behalf by completing the following details.

**Candidate/Applicant authorisation** (Please print clearly)

I, (full name)

Date of birth:  DD/MM/YYYY

Address:

authorise my agent to (Please tick appropriate box/es):

- Communicate with the College by telephone, fax, email or written correspondence on my behalf regarding the processing and progress of my application.
- Communicate with the College on my behalf regarding the results of relevant assessments.
- Undertake any other action reasonably necessary for the processing of my application on my behalf, except withdrawal forms/letters (they must be completed by the candidate/applicant).

DD/MM/YYYY

Candidate/Applicant's signature

Date

**Agent's consent** (Please print clearly)

I, (full name)

consent to act as agent of (candidate/applicant's name)   
as authorised above.

My contact details are:

Company:

Address:

Business phone:

Mobile phone:

Email address:

Your privacy is respected by the College. Information collected by the College may be used for administering the assessment of overseas trained specialists and provided to officers of the College involved in specialist assessment, the respective employer, supervisors, the Australian Medical Council and the Medical Board of Australia.