2020 BPS EXAMINATION APPLICATION
or BPS EXEMPTION

Please refer to the ***BPS Examination Essential Information Sheet*** *before completing this form*

Applications must be received by: ***5.00 PM SYDNEY TIME on FRIDAY 21 FEBRUARY 2020***
Except for signatures, please print ALL entries in upper case

PREVIOUS BPS EXAMINATION APPLICATIONS ☐ **YES** **RCPA ID** _______________

BPS EXEMPTION REQUEST (No fee payable) ☐ **YES** ☐ **NO**

If yes, please give details of the approved qualification (Please refer to BPS Information Sheet)

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Please tick either A or B and complete other relevant details as requested

☐ **A: I am a Medical/Dental Graduate of:** ____________________________________ University

Current Status

☐ Registered RCPA Trainee RCPA ID _______________________

☐ Overseas Trained Specialist RCPA ID _______________________

☐ Pathology Registrar (still to enrol with the RCPA)

☐ Intern/RMO Current Employer_______________________________________

☐ Other ____

☐ **B: I am a Medical/Dental Student at:** ____________________________________ University
* **Please see checklist on page 2**

PERSONAL DETAILS

FIRST NAME: _________________________ LAST NAME:_________________________

DATE OF BIRTH: ______/______/______ GENDER: ☐ Male ☐ Female

PREFERRED MAILING ADDRESS: ____

____ POSTCODE: ____________________

HOME PHONE: ________________________ WORK PHONE: _________________________

MOBILE PHONE: ______________________ FAX: _________________________________

EMAIL: ______________________________________

AT WHICH CENTRE DO YOU INTEND TO SIT THE BPS EXAMINATION _______________________
(Please refer to ***BPS Information Sheet****)*

CHECKLIST *Please tick box to confirm that you have enclosed the following:*

1. 1 copy of this form fully completed. ☐
   (Please keep an additional copy for your Records)
2. For Medical School students, proof of your **current** registration with your University must be included. The College only accepts a letter from your University confirming your status. ☐
3. Completed payment authorisation form ☐
   (A tax invoice/receipt will be sent in due course)

Candidate's Signature: ____ Date: ______________________

PRIVACY AND CONFIDENTIALITY

Any personal information you provide is strictly confidential to the College. However, in the course of your training it may be necessary for the College to provide your contact details and information about your progress or examination performance to College committees and Fellows of the College who are involved with supervision and training. If the personal information is not provided to the College, the College may be unable to process your application, or to review and assess your training progress and examination performance. The College will manage your personal information in accordance with its Privacy Policy. If you would like to access any information we hold about you or obtain a copy of our Privacy Policy please contact our Privacy Officer on + 61 2 8356 5858

APPLICATIONS MUST BE FULLY COMPLETED & RECEIVED BY POST NO LATER THAN **5.00 PM SYDNEY TIME on FRIDAY 21 FEBRUARY 2020**

INCOMPLETE OR FAXED APPLICATIONS WILL NOT BE PROCESSED

Office use only

1. Form complete	Yes	☐	No	☐		
2. Currently registered for training	Yes	☐	No	☐	N/A	☐
3. Correct fee received	Yes	☐	No	☐		
4. Letter from University (Medical Student)	Yes	☐	No	☐		

AUD $ ______________ Cheque ☐ Money Order ☐ Current Credit Card ☐

Administrator: ___________________________ **Acknowledgement**: _______ /_______ /_______

Registrar: ____ **Date:** ____________________________

The Royal College of Pathologists of Australasia
ABN 52 000 173 231

Durham Hall 207 Albion Street Surry Hills NSW 2010 Australia
Telephone **61 2 8356 5858** Facsimile **61 2 8356 5828**

RCPA
The Royal College of Pathologists of Australasia

PAYMENT AUTHORISATION

The College accepts payment by Cheque, Money Order, American Express, Mastercard or Visa only.

ALL PAYMENTS MUST BE IN AUSTRALIAN DOLLARS

Full Name of Applicant: ____

RCPA ID No: ________________ (for Registered RCPA trainees / non-members leave blank)

Daytime contact phone no. or e-mail: ____

I wish to authorise my payment for:

Exam Fee: Basic Pathological Sciences for:

- Medical/Dental Graduate/RCPA Trainees (AUD $)
- Medical Student (AUD $)

Late Exam Application Fee (if applicable) AUD $ _______________

TOTAL AMOUNT AUD $ _______________

(Please tick one): Cheque ☐ Money Order ☐ A/E ☐ Visa ☐ MasterCard ☐

Card Number: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry: _____ / _____

Full name on card: ____

Signature of Cardholder: ____

Preferred contact of Cardholder: ____

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