

Student Application Form

Membership with Avant Mutual Group Limited ABN 58 123 154 898. Student Indemnity Insurance with Avant Insurance Limited ABN 82 003 707 471
AFSL 238765. Version: January 2020.

By submitting this form or otherwise providing your personal information to Avant you consent to your personal information being collected, held, used and disclosed by Avant in accordance with the Avant Privacy Policy found at avant.org.au/Privacy-Policy

Contact information Please write clearly in BLOCK letters						
Title		First name			Last name	
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth	/ /	Country of birth	
Email				Mobile		
Address						

Electronic communications disclosure and consent Note: You may alter these consents at any time.	
Do you agree to receive the Product Disclosure Statement, Financial Services Guide and renewal documentation in future years electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you agree to receive electronic communications from Avant, such as specialist medico-legal bulletins, risk education and e-learning bulletins, and product updates and offers that may be of interest to you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate how you would prefer to receive Avant's Financial Reports	<input type="checkbox"/> Email <input type="checkbox"/> Post
On what date did you first become a medical student in Australia? Avant Insurance offers retroactive cover from this date. Note: This will be your retroactive date for the purpose of the offer of retroactive cover as set out in the Student Indemnity Insurance Policy.	/ /
Current university	Qualification
Do you accept or decline this offer of retroactive cover as set out in the Student Indemnity Insurance Policy Wording? <input type="checkbox"/> I accept <input type="checkbox"/> I decline	

Claims, complaints, incidents or proceedings If you answer YES to any of the following questions, you must provide further details in writing overleaf:	
1. Have you ever had any claims or complaints or has there been an incident which may lead to a claim or complaint in connection with your training or from healthcare provided by you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been counselled or disciplined in relation to alcohol or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been charged with, convicted or found guilty of a criminal offence	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever made a self notification or been the subject of a voluntary notification to AHPRA?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Application and declaration

I hereby apply for membership of Avant and for a Student Indemnity Insurance Policy from Avant Insurance. I agree to be bound by the Avant Constitution and the terms of any insurance policy issued to me by Avant Insurance.

<p>By signing this application form, I declare that:</p> <p>a) The information I have given in this application form and in any accompanying documents is true and correct, and I understand that Avant Insurance will rely on this information in deciding whether to provide me an insurance contract and on what terms and conditions, and that it will form the basis of my policy</p> <p>b) I have read and understood the Financial Services Guide, Product Disclosure Statement, Student Indemnity Insurance Policy and Constitution of Avant</p> <p>c) I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy wording provided to me or as otherwise specified by Avant Insurance and agreed by me</p> <p>d) The retroactive date I have selected is adequate to cover me for all prior uncovered incidents and I agree to accept all future offers of retroactive cover as set out in the policy, unless I advise Avant Insurance otherwise in writing. If I decide not to accept any offer of retroactive cover or future offers of retroactive cover, I may be uninsured for incidents occurring prior to the commencement date of my policy</p>	<p>e) I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform Avant Insurance of any material alteration of the risk during the policy period</p> <p>f) I consent to Avant contacting me in accordance with Avant's Privacy Policy (including via email and SMS if you have provided your email address and mobile number) I understand that I may alter this consent at any time by contacting Avant</p> <p>g) I authorise Avant Insurance to obtain information or documents in relation to insurance matters or claims history from another insurance company, MDO or an insurance reference bureau or similar organisation</p> <p>h) I understand this application is subject to approval by Avant and Avant Insurance and I accept that if my application is approved, my policy will begin from the date specified on my Policy Schedule.</p>
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Signature		Date	
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Office use only	Member ID	EV #	Expected internship commencement date
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