

Student Application form



Membership with Avant Mutual Group Limited ABN 58 123 154 898. Student Indemnity Insurance Policy with Avant Insurance Limited ABN 82 003 707 471 AFSL 238765. Version: December 2023.

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 |
| *Supporting our gender diverse community. We are currently reviewing our gender and sex at birth options to ensure our products and services provide appropriate terminology and selections in line with the diversity of our community. In this instance, we are requesting your 'sex at birth'. | | | | | |
| Email | | | | Mobile | |
| Address | | | | | |
| 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 | | Expected graduation year | | |
| 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 | | | | | |
| Electronic communications disclosure and consent | | | | | |
| You will receive the Policy Wording, renewal documentation, Financial Report and Annual Report electronically. If You wish to receive these by post, please email us at memberservices@avant.org.au . | | | | | |
| 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. | | | | | |
| You will receive the notice of Annual General Meeting and other member communications from AMGL electronically to the email address you have nominated. If you wish to receive these by post, please contact us at memberservices@avant.org.au . | | | | | |
| Please ensure that you maintain a current email address with us at all times so that we can ensure the successful delivery of communications to you. If you change address, change practice details or move overseas please let us know. | | | | | |
| 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 Claims 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. | | | | | |
| By signing this application form, I declare that: | | | | | |
| 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. | | | 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. | | |
| b) I have read and understood the Student Indemnity Insurance Policy Wording and Constitution of Avant. | | | 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. | | |
| 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. | | | f) 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. | | |
| 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 | | | g) 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. | | |
| Signature | | | | Date | |
| Office use only | | Member ID | EV # | Expected internship commencement date | |

Please return this form to Avant Insurance Limited, PO BOX 746 Queen Victoria Building NSW 1230,
or email applications@avant.org.au or contact us on 1800 128 268.

IMPORTANT: Professional indemnity insurance products available from Avant Mutual Group Limited ABN 58 123 154 898 are issued by Avant Insurance Limited, ABN 82 003 707 471, AFSL 238 765. The information provided here is general advice only. You should consider the appropriateness of the advice having regard to Your own objectives, financial situation and needs before deciding to purchase or continuing to hold a Policy with Us. For full details including the terms, conditions, and exclusions that apply, please read and consider the policy wording, which is available at avant.org.au or by contacting us on 1800 128 268. MJN168 12/23 (MIM-259)

Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 is a subsidiary of Avant Mutual Group Limited ABN 58 123 154 898.