

**ACT**

Government

Transport Canberra
and City Services**CEMETERIES AND CREMATORIA ACT 2020****SECTION 41**

Application for Medical Referee

NOTE:

1. All questions must be answered fully
2. All information is strictly confidential
3. The application form is to be submitted to
TCCS_GMSBoards-Committees@act.gov.au

Applicant Details

Given Names		Surname	
Name of Practice		Practice Address	
Email Address		Postal Address	
Mobile No.		Work No.	

Medical Practitioner Registration Details

Registration Number	
How many years have you continuously practised medicine?	
What medical qualifications do you hold?	

Please read the information carefully and mark to confirm your understanding and acceptance:

- ☐ I have been a doctor for a continuous period of at least 5 years
- ☐ If appointed as a medical referee, I consent to my contact information being published on the Transport Canberra and City Services webpage
- ☐ I declare that the information I have provided to the best of my knowledge is true and correct.

Signature of Applicant		Date	
Signature of Witness		Date	

Name of Witness	
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