 ***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**  |  |