Doctors' Choice
Medical Indemnity Advisers

Students & Interns Insurance Information

Please complete and return this form to Doctors' Choice as soon as possible by email at service@drschoice.com.au or fax on (08) 6323 4668 or post to Suite 19, 23 Mill Point Road, South Perth WA 6151. If you have any questions when completing this form, please contact us by email at service@drschoice.com.au or on 1800 DRS CHOICE (1800 377 246).

Your Details

Title	First name	Middle name(s)	Last name *(also indicate former/maiden name if applicable)*

Preferred name *(if applicable)*	Gender	Date of birth (dd/mm/yy)
	☐ Female ☐ Male ☐ X	_____/_____/_____

Your Contact Information

Preferred contact method	☐ Email ☐ Mobile ☐ Other phone
Email *(feel free to include more than one and, if so, mark the preferred email address with an asterisk)*	
Mobile	
Other phone *(if applicable)*	

Residential address	Primary practice address	Other address *(if applicable)*

Electronic correspondence	We will provide all correspondence to you electronically. However, if you would prefer to receive correspondence by post, please tick this box. ☐
Hard copy correspondence	There may be times when we are legally required to mail a hard copy document to you so **please indicate your preferred postal address**: ☐ Residential ☐ Primary practice ☐ Other

Medical Studies

What date did you first become a medical student in Australia?	_____/_____/_____
Do you or did you require a student Visa to study in Australia?	☐ Yes ☐ No
What is your medical school/university?	
What is your type of medical degree (e.g. MD, MBBS)?	
What year will you or did you graduate?	

Internship

What year did you or do you expect to start your internship?	
What is the name of your internship hospital (if known)?	

Other Information

Volunteering	
Do you/will you perform unpaid medical volunteer work* at <u>professional</u> sporting events? ** Unpaid volunteer work means work without the expectation of payment apart from reimbursement or receipt of reasonable expenses e.g. travel, meals or accommodation.*	☐ Yes ☐ No
Do you intend to perform unpaid medical volunteer work overseas in the next 2 years?	☐ Yes ☐ No

Other Qualifications
If you completed or are completing your medical studies as a post-graduate, what are your undergraduate qualifications?

Medical Indemnity History

Are you a current or past member of any of the following Australian medical defence organisations:

Name of Medical Defence Organisation	Membership Status
Avant	☐ Current ☐ Past ☐ Never been a member ☐ Unsure
MDA National	☐ Current ☐ Past ☐ Never been a member ☐ Unsure
MIGA	☐ Current ☐ Past ☐ Never been a member ☐ Unsure
MIPS	☐ Current ☐ Past ☐ Never been a member ☐ Unsure

Claims & Incidents History

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?	☐ Yes ☐ No
Have you been counselled or disciplined in relation to alcohol or drugs?	☐ Yes ☐ No
Have you ever been charged with, convicted or found guilty of a criminal offence (whether or not the matter relates to your provision of healthcare services)?	☐ Yes ☐ No
Have you ever made a self notification or been the subject of a voluntary notification to AHPRA?	☐ Yes ☐ No

Finally, how did you hear about Doctors' Choice?

Please indicate all that apply:

☐	**Referral/recommendation** - Referral business is a great compliment and very much appreciated by Doctors' Choice. We would love to know the name of the person who has recommended our services to you in order to thank them:
☐	**Doctors' Choice Website** (could you please let us know what prompted your visit):
☐	**Doctors' Choice Facebook Page** (could you please let us know what prompted your visit)
☐	**Direct Contact from Doctors' Choice**
☐	**Other** (please specify)

Notes *(if needed)*