**APPLICATION FOR MEMBERSHIP OR FELLOWSHIP**

**Eligibility requirements for Fellowship *(extracted from Article 6 of the Articles of Association)*:**

A person who:

* is a registered medical practitioner or dentist with the appropriate licensing authority in Australia or New Zealand or, if from another jurisdiction, a Council approved licensing authority;
* and holds a qualification in legal or forensic medicine which the Council considers appropriate, being at least a bachelor's degree or the equivalent in law, or a master's degree in medical law relevant to the practice of legal medicine, or a master's degree or equivalent relevant to the practice of forensic medicine; and
* has successfully completed the expert witness program, the law intensive courses and an examination, each conducted by the College, within two years following the date of an application for membership as a Fellow; and
* has demonstrated to the satisfaction of the Council that he or she has completed at least 6 years of clinical practice relevant to legal and/or forensic medicine; and
* has attained membership as an Associate or as a Member of the College

is eligible to apply for membership as a Fellow of the College.

A Fellow is entitled to claim his or her membership of the College as having specialist knowledge, skill and experience in legal and/or forensic medicine. A Fellow is entitled to use the abbreviation “FACLM" after his or her name and primary qualifications to denote his or her status as having specialist knowledge, skill and experience in legal and/or forensic medicine

**Eligibility requirements for Membership *(extracted from Article 7 of the Articles of Association)*:**

A person who:

* is a registered medical practitioner or dentist with the appropriate licensing authority in Australia or New Zealand or, if from another jurisdiction, a Council approved licensing authority; and
* holds a graduate qualification in the field of law which the Council considers appropriate, being at least a graduate diploma or equivalent relevant to legal medicine, or being at least a graduate diploma or equivalent relevant to forensic medicine (for example a diploma in medical jurisprudence); and
* has successfully completed the expert witness program, the law intensive courses and an examination, each conducted by the College, within two years following the date of an application for membership as a Member; and
* has demonstrated to the satisfaction of the Council that he or she has completed at least 3 years of clinical practice relevant to legal and/or forensic medicine; and
* has attained membership as an Associate or as a Member of the College

is eligible to apply for membership as a Member of the College.

A member is not entitled to claim his or her membership as a Member of the College as denoting specialist knowledge, skill and experience, but may use the abbreviation "MACLM" after his or her name and primary qualifications to signify membership as a Member of the College.

**Fees payable:**

* Candidates are required to pay a non-refundable application fee of $330 (or $110 for Associate members applying for Membership/Fellowship status).
* Annual College subscription fees are $550 for Members & Fellows, which are billed in June of each year for the coming Financial Year. If you join partway through the year, you will be issued a pro-rata annual subscription fee for the remaining part of the year.

**Instructions to submit your application:**

* Please fill out the form below, then submit your application via our website: <https://legalmedicine.com.au/join/membership-apply-online/>  
  Pay the application fee online, upload this form and all required supporting documentation (refer Appendix 1). Make sure 3 referees are provided.
* If you have trouble uploading the documents, you can email them to aclm9@legalmedicine.com.au and an invoice for the application fee will be sent to you.

**Note:**

* The College undertakes to acknowledge receipt of the application within 3 working days.
* Assessment of applications cannot commence until all the required documentation has been received, including certified copies of qualifications and academic results and medical registration.
* Applications will be reviewed by the Censor in Chief and put to the Council at the next quarterly Council meeting (approx. Feb, May, Aug, Nov).
* All information is treated in accordance with [ACLM Privacy Policy.](https://legalmedicine.com.au/wp-content/uploads/2023/08/ACLM-Privacy-Policy.pdf)
* If you find the outcome of your application unsatisfactory, you may appeal the decision as per the procedure outlined in *Article 10A Appeals*.

**Part** **A: Personal Details**

*Please attach a certified copy of your birth certificate or current passport.*

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Title |  | Surname | | |  | | |
| Given names |  | | | | | | |
| Date of birth |  | | | | | | |
| Home Address |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Home email |  | | | | | | |
| Home phone |  | | Mobile/Cell | | | |  |
| Work Address |  | | | | | | |
|  | | | | | | |
|  | | | | | | |
| Work email |  | | | | | | |
| Work phone |  | | | Fax | |  | |

Preferred communication method:

Affix Photograph Here

Postal address for correspondence:

🞏 Home 🞏 Work

Email address for correspondence:

🞏Home 🞏 Work

**Part** **B: Medical / Dental Registration**

*Please attach a copy of your current certificate of registration.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Registration number |  | | Expiry date | D D / M M / Y Y Y Y | | |
| Registration type | | 🞏 General | 🞏 Specialist/ Vocational | | 🞏Other | |
| If ‘Other’, please provide detail: | |  | | | | |
| Are there any conditions on your registration at present? | | | | 🞏 Yes | | 🞏 No |
| If ‘Yes’, please provide details: | |  | | | | |
|  | | | | | | |
|  | | | | | | |

Has your registration to practice medicine or dentistry ever been cancelled, suspended, or subjected to statutory or other conditions or restrictions in any jurisdiction?

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| --- | --- |
| If ‘Yes’, please provide details: |  |

Have you ever been found guilty of any form of professional misconduct, by the body regulating the practice of medicine or dentistry in any state/territory?

|  |  |
| --- | --- |
| If ‘Yes’, please provide details: |  |

Have you ever been convicted of, or found guilty of any offence by any court or tribunal wherein a sentencing option included a period of imprisonment exceeding three months?

|  |  |
| --- | --- |
| If ‘Yes’, please provide details: |  |

**Part** **C: Basic Medical or Dental Training**

*Please attach* ***certified copies*** *of your* ***degree &******transcripts*** *(if applicable)* ***and******qualifications****.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Basic Medical or Dental Degree | | | | | | |
| Title |  | | | | | |
| University |  | | | | | |
| Country |  | Year of Graduation | Y | Y | Y | Y |

**Part D: Postgraduate Medical or Dental Training**

**TRAINING PROGRAMME(S) ATTENDED**(Include the dates you have attended the three mandatory ACLM courses, plus any Fellowship or Diploma courses)

|  |  |  |  |
| --- | --- | --- | --- |
| ***Programme*** | ***Training Institution*** | ***From (Year)*** | ***To (Year)*** |
|  |  |  |  |
|  |  |  |  |
| Expert Witness Course | ACLM | *Specify year attended* | |
| Basic Law Intensive | ACLM | *Specify year attended* | |
| Advanced Law Intensive | ACLM | *Specify year attended* | |

**POSTGRADUATE QUALIFICATION(S) AWARDED***Please attach* ***certified copies*** *of your* ***qualifications****.*

|  |  |  |
| --- | --- | --- |
| ***Qualification*** | ***Awarding Institution*** | ***Year awarded*** |
|  |  |  |
|  |  |  |
|  |  |  |
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**Part E: Legal or Forensic Training**

**LAW SCHOOL or OTHER INSTITUTION ATTENDED***Please attach* ***certified copies*** *of your* ***degree &******transcripts*** *(if applicable)* ***and******qualifications****.*

|  |  |  |  |
| --- | --- | --- | --- |
| ***Programme*** | ***Training Institution*** | ***From (Year)*** | ***To (Year)*** |
|  |  |  |  |
|  |  |  |  |
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**QUALIFICATION(S) AWARDED***Please attach* ***certified copies*** *of your* ***qualifications****.*

|  |  |  |
| --- | --- | --- |
| ***Qualification*** | ***Awarding Institution*** | ***Year awarded*** |
|  |  |  |
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|  |  |  |

If applicable, has your registration to practice law ever been cancelled, suspended, or subjected to statutory or other conditions or restrictions in any jurisdiction?

|  |  |
| --- | --- |
| If ‘Yes’, please provide details: |  |

Have you ever been found guilty of any form of professional misconduct, by the body regulating the practice of law in any state/territory?

|  |  |
| --- | --- |
| If ‘Yes’, please provide details: |  |

**Part F: ACLM Examination**

An examination must be successfully passed to achieve Member or Fellowship.

|  |
| --- |
| **Date exam sat:** *Insert date*  **Stream:** *Legal / Forensic* (delete one) |

**Part G: Professional Experience**

**Please attach your complete and current CV to this application**.

Your CV must include all positions held since graduation and any publications.

Using the form on the following page, list each position, its start and end dates (*dd/mm/yyyy*), FTE, and all clinical and administrative experience including the percentage of total time allocated to each category (managerial/clinical/teaching/other). *This form must be completed or your application cannot be processed.*

It is a pre-requisite of ACLM Membership or Fellowship that you have a minimum of 3 or 6 years of full time equivalent (FTE) clinical experience (direct patient care) relevant to legal and/or forensic medicine.

The College has adopted the Medical Board of Australia’s definition of an academic year as 47 weeks (46 weeks for NZ Candidates). This period excludes annual leave but may include up to 2 weeks of professional development.

**Part G: Professional Experience (continued)**

Please complete the table below in support of the 3 or 6 year (47 weeks x 3) period of your clinical experience (46 weeks x 3 for NZ Applicants). Your CV should also clearly outline the required period of full time equivalent in clinical practice in an approved hospital, general practice and other locations.

To complete this table: Total clinical experience (FTE) is calculated as Years in role\*FTE per role\*% Clinical work. Total clinical experience (weeks) is calculated as Total clinical experience (FTE)\*47 weeks (or 46 weeks for NZ applicants). See example below. Add rows as applicable.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position** | | **From**  **(mm/yyyy)** | **To**  **(mm/yyyy)** | **Total years in role** | **FTE** | **Clinical work (%)** | **Total clinical experience** | |
| **FTE** | **number of weeks** |
| **Organisation** | *EXAMPLE ORGANISATION* | *05/2005* | *07/2008* | *3.25* | *0.6* | *50%* | *=3.25\*0.6\*50% = 0.975* | *=0.975\*47 = 45.83* |
| **Position** | *EXAMPLE POSITION* |
| **Organisation** |  |  |  |  |  |  |  |  |
| **Position** |  |
| **Organisation** |  |  |  |  |  |  |  |  |
| **Position** |  |
| **Organisation** |  |  |  |  |  |  |  |  |
| **Position** |  |
| **Organisation** |  |  |  |  |  |  |  |  |
| **Position** |  |
| **Total clinical experience in direct patient care:** | | | | | | |  |  |

**Part H: Awards / Honours**

*Please attach evidence of awards*

|  |  |  |  |
| --- | --- | --- | --- |
| Please provide details: | Organisation | Award | Date |
|  | |  |  |
|  | |  |  |
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|  | |  |  |
| **NON-HOSPITAL APPOINTMENTS & EXPERIENCE** e.g. general practice, medical administration forensic attachments, honorary positions, board memberships | | Position | Dates |
|  | |  |  |
|  | |  |  |
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**Part I: Credit/Exemptions**

If an Applicant has completed formal studies that demonstrate comparable learning to ACLM training requirements or program component, they may apply for recognition of credit for those studies. Credit may be granted for learning through formal/accredited and relevant university studies undertaken **before** application for ACLM membership.

**Please note – the requirements for Members/Fellows are closely adhered to. Any credit / exemption will be at the decision of Council.**

Will you be seeking Credit? 🞏 Yes 🞏No

If ‘**Yes’** please indicate which components you wish to seek credit for, and provide details:

**Part J: Referees**

Please provide the names of three referees. Referees should be your direct line managers or supervisors from your last (most recent) 3 positions, or another relevant person approved by the Censor in Chief or Council. The Chief Censor will contact at least one referee directly via phone or email. They will be asked to provide a reference regarding your professional standing / reputation.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 | Name |  | | |
|  | Current position |  | | |
|  | Employer organisation |  | | |
|  | Relationship to Applicant |  | | |
|  | Email |  | | |
|  | Telephone |  | Mobile |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 2 | Name |  | | |
|  | Current position |  | | |
|  | Employer organisation |  | | |
|  | Relationship to Applicant |  | | |
|  | Email |  | | |
|  | Telephone |  | Mobile |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3 | Name |  | | |
|  | Current position |  | | |
|  | Employer organisation |  | | |
|  | Relationship to Applicant |  | | |
|  | Email |  | | |
|  | Telephone |  | Mobile |  |

**Part K: Joining the ACLM**

What are your reasons for applying for Membership/Fellowship with the ACLM?

|  |
| --- |
|  |
|  |

To assist the ACLM in best catering to the needs of its members, what do you hope to gain from your affiliation with the ACLM?

|  |
| --- |
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|  |

What do you hope to bring to the ACLM that may benefit the College, e.g. mentoring, presenting papers, contributing articles, training or research etc.?

|  |
| --- |
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**Part L: Declaration**

|  |  |
| --- | --- |
| 🞏 | I hereby apply for Membership / Fellowship (delete as appropriate) of the Australasian College of Legal Medicine in the Legal / Forensic stream (delete as appropriate) |
| 🞏 | I certify that the information supplied above and in the attachments is complete and correct. |
| 🞏 | I will notify the College of changes to my personal or professional details. |
| 🞏 | I consent to the College obtaining references from the persons so named in my application. |
| 🞏 | I undertake to pay all fees. |
| 🞏 | I authorise the College to collect, store and use my details and have been provided with and accept the ACLM [Privacy Policy](https://legalmedicine.com.au/about-us/policies/) and [Document Access, Retention and Disposal Policy](https://legalmedicine.com.au/about-us/policies/). |
| 🞏 | I consent to receiving member communication emails and acknowledge I can opt-out of marketing emails at any time. |
| 🞏 | I have been provided with and accept the College’s [Memorandum and Articles of Association](https://legalmedicine.com.au/memorandum-articles-of-association/). If admitted to membership of the Australian College of Legal Medicine, I agree to abide by all College requirements incorporated in this document. |

Signature: ……………………………………………………………. Date: ……………………………………………

**Appendix 1**

**ACCOMPANYING DOCUMENTATION**

Please use the checklist below to verify you have attached all the required information.

*Certified copies* means that the original document and copy have been sighted by a JP or similar, clearly stamped and signed by JP or similar, then scan the certified copy and email to ACLM. Hard copies are not required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Part** | **Accompanying Documentation** | **Attached** | **Office Use** |
|  | **General** |  |  |
| A | A recent photograph attached to this form | 🞏 Yes |  |
| A | C*ertified copy* of either your birth certificate or current passport | 🞏 Yes |  |
|  | **Medical Registration** |  |  |
| B | *Certified copy* of your current medical registration | 🞏 Yes |  |
|  | **Medical or Dental Training** |  |  |
| C | *Certified copy* of your original degree/s and transcript | 🞏 Yes |  |
| D | *Certified copies* of evidence of other relevant qualifications | 🞏 Yes |  |
|  | **Legal or Forensic Training** |  |  |
| E | *Certified copy* of your original degree/s and transcript | 🞏 Yes |  |
| E | *Certified copies* of evidence of other relevant qualifications | 🞏 Yes |  |
|  | **Professional Experience & Current Curriculum Vitae** | 🞏 Yes |  |
| G | Attached your current CV | 🞏 Yes |  |
| G | Completed the table provided in Part G to show all positions from internship to the present date including time fractions, appointment dates / organisation, location and supervisor where relevant | 🞏 Yes |  |
|  | **Awards/Honours** |  |  |
| H | Evidence of awards and/or honours you have received | 🞏 Yes | 🞏 N/A |
|  | **Referees** |  |  |
| J | Names of three (3) referees provided | 🞏 Yes |  |
|  | **Declaration** |  |  |
| L | Part L signed and dated | 🞏 Yes |  |
|  | **Payment of Application Fee** |  |  |
|  | Completed payment online or requested invoice | 🞏 Yes |  |

**FOR OFFICE USE ONLY**

|  |  |
| --- | --- |
| DATE APPLICATION RECEIVED |  |
| DATE FEE PAYMENT PROCESSED |  |
| METHOD of FEE PAYMENT |  |
| APPLICATION ACKNOWLEDGED |  |
| RECEIPT ISSUED |  |
| DOCUMENTS FORWARDED to |  |
| DATE of COUNCIL DECISION |  |
| STATUS AWARDED |  |
| DATE APPLICANT NOTIFIED |  |
| ADDED to REGISTER |  |
| TESTAMUR to be PRESENTED on POSTED on | |