**APPLICATION FOR STUDENT MEMBERSHIP**

**Eligibility requirements for Student Members *(extracted from Article 10 of the Articles of Association):***

A person who:

* is a registered medical or dental student with a College approved university and is currently undertaking, or planning to undertake, a qualification relevant to legal or forensic medicine.

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

*Please note, medical/dental students who are already qualified in law/forensics may also apply in this category.*

**Benefits:**

A Student Member does not have the right to vote, to nominate, or to hold office in the College and there is no College post-nominal to be used by a Student Member. A Student Member otherwise enjoy all College privileges and opportunities, including access to the College website, and will pay no subscription fees.

*Please note, Student members do not receive a subscription to the Journal of Law and Medicine.*

**Fees payable:**

* A non-refundable application fee of $10.00 is payable upon submission of this application.
* There is no annual subscription fee for Student members.

**Pathway:**

After entry to Student membership applicants are encouraged to progress towards Associate membership, once medical studies are completed. An application can be made to the College Council using the online application form or by contacting the College Administrator.

**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.

* If you have trouble uploading the documents, you can email them to [aclm9@legalmedicine.com.au](mailto:aclm9@legalmedicine.com.au) and an invoice for the application fee will be sent to you.

**Note:**

* Applications will be reviewed by the Censor in Chief.
* 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*.

**STUDENT MEMBER APPLICATION FORM:**

**Title**

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| --- |
|  |

**Name**

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| --- |
|  |

**Home address**

|  |
| --- |
|  |

**Professional address**

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|  |

**Telephone numbers in hours After hours (mobile)**

|  |  |
| --- | --- |
|  |  |

**E-mail address Alternate E-mail address**

|  |  |
| --- | --- |
|  |  |

**\* Please highlight preferred mailing & email address**

*Please attach a certified copy of your birth certificate or current passport and a recent photograph of yourself.*

Affix Photograph Here

**AREA OF STUDY / QUALIFICATIONS**

**Current area of medical study and expected completion**

|  |
| --- |
| *List course, faculty, university and expected completion date*  *Attach evidence of enrolment* |

**Any professional qualifications already completed**

|  |
| --- |
| *List qualification, university, year completed*  *Attach certified copy of testamur (s)* |

**Future intended areas of study**

|  |
| --- |
| *Outline your plans for future study, particularly in relation to legal/forensic medicine* |

**Other College/professional body affiliations**

|  |
| --- |
|  |

**Current area (s) of professional or legal practice (if any)**

|  |
| --- |
|  |

**Are you in good standing with your current professional registration body?**

|  |
| --- |
| *Attach evidence of current professional registration (if applicable)* |

**DECLARATION:**

* 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 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.

**Name (please sign and print name) Date**

|  |  |
| --- | --- |
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**CHECKLIST OF SUPPORTING DOCUMENTATION:**

Please make sure to send all required documentation with your application form to assist us in processing your application.

* A recent photograph and certified copy of either your birth certificate or current passport
* Evidence of Medical/Dental school enrolment e.g. enrolment letter of acceptance
* Qualifications already completed (if applicable) – attach certified copy of testamur/s
* Evidence of current professional registration (if applicable)

*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.