Student
Application form

Membership with Avant Mutual Group Limited ABN 58 123 154 898. Student Indemnity Insurance Policy with Avant Insurance Limited ABN 82 003 707 471 AFSL 238765. Version: October 2025.

Avant Insurance Limited is part of the Avant Mutual Group which includes Avant Mutual Group Limited and its related entities (Avant). Avant collects, uses and discloses your personal information to communicate with you, conduct our business (including marketing, research and providing Avant products and services) and comply with the law. This may include disclosing information to overseas entities which are not accountable under Australian privacy laws and you may not be able to seek redress for a breach of your privacy which occurs outside of Australia. If you don't provide your information we may not be able to assist you or provide our products or services. For more information, please read our Privacy Policy at Privacy policy - Avant or contact our Privacy Officer at **privacy@avant.org.au**. By providing your information you confirm that you understand, acknowledge and agree to your information being collected, used and disclosed as outlined above and in accordance with the Privacy Policy, including for receiving marketing from Avant and overseas disclosures. You can contact us at any time if you have any questions or wish to change your consent.

Contact information Please write clearly in BLOCK letters					
Title		First name		Last name	
Gender*	☐ Male ☐ Female	Date of birth		Country of birth	
*Supporting our gender diverse community. We are currently reviewing our gender and sex at birth options to ensure our products and services provide appropriate terminology and selections in line with the diversity of our community.					
Personal email				Secondary email	
Address				Mobile	
On what date did You first become a medical student in Australia? **Avant Insurance offers retroactive cover from this date. Note: This will be Your Retroactive Date for the purpose of the offer of retroactive cover as set out in the Student Indemnity Insurance Policy.**					
Current university		Qualification		Expected graduation year	
Do You accept or decline this offer of retroactive cover as set out in the Student Indemnity Insurance Policy Wording?	☐ I accept	☐ I decline			

Electronic communications disclosure and consent

You will receive the Policy Wording, renewal documentation, Financial Report and Annual Report electronically. If You wish to receive these by post, please email us at **memberservices@avant.org.au**.

I consent to Avant contacting me in accordance with Avant's Privacy Policy (including via email and SMS if you have provided your email address and mobile number). I understand that I may alter this consent at any time by contacting Avant.

You will receive the notice of Annual General Meeting and other member communications from AMGL electronically to the email address you have nominated. If you wish to receive these by post, please contact us at **memberservices@avant.org.au**.

Please ensure that you maintain a current email address with us at all times so that we can ensure the successful delivery of communications to you. If you change address, change practice details or move overseas please let us know.

Claims, Complaints, incidents or proceedings

If You answer **YES** to any of the following questions, You must provide further details in writing overleaf.

1. Have You ever had any Claims or Complaints or has there been an incident which may lead to a Claims or Complaint in connection with Your training or from healthcare provided by You?	☐ Yes	☐ No
2. Have You ever been counselled or disciplined in relation to alcohol or drugs?	☐ Yes	☐ No
3. Have You ever been charged with, convicted or found guilty of a criminal offence	☐ Yes	☐ No
4. Have You ever made a self notification or been the subject of a voluntary notification to Ahpra?	☐ Yes	☐ No

Application and declaration

I hereby apply for membership of Avant and for a Student Indemnity Insurance Policy from Avant Insurance. I agree to be bound by the Avant Constitution and the terms of any insurance policy issued to me by Avant Insurance.

By signing this application form, I declare that:

a) The information I have given in this application form and in any accompanying documents is true and correct, and I understand that Avant Insurance will rely on this information in deciding whether to provide me an insurance contract and on what terms and conditions, and that it will form the basis of my Policy.

b) I have read and understood the Student Indemnity Insurance Policy Wording and Constitution of Avant.

c) I acknowledge that if a contract of insurance is issued it will be subject to the terms and conditions of the policy wording provided to me or as otherwise specified by Avant Insurance and agreed by me.

d) The Retroactive Date I have selected is adequate to cover me for all prior uncovered incidents and I agree to accept all future offers of retroactive cover as set out in the Policy, unless I advise Avant Insurance otherwise in writing. If I decide not to accept any offer of retroactive cover or future offers of retroactive cover, I may be uninsured for incidents occurring prior to the commencement date of my Policy.

e) I understand my duty of disclosure exists until the contract of insurance is entered into and that I have a continuing obligation to inform Avant Insurance of any material alteration of the risk during the Policy Period.

f) I authorise Avant Insurance to obtain information or documents in relation to insurance matters or Claims history from another insurance company, MDO or an insurance reference bureau or similar organisation.

g) I understand this application is subject to approval by Avant and Avant Insurance and I accept that if my application is approved, my Policy will begin from the date specified on my Policy Schedule

h) I confirm that I understand, acknowledge and agree to my information being collected, used and disclosed as outlined in the Privacy Notice above and in accordance with the Avant Privacy Policy, including for receiving marketing from Avant and overseas disclosures

Signature		Date	

Office use only	Member ID	EV #	Expected internship commencement date

Additional information

Please return this form to Avant Insurance Limited, PO BOX 746 Queen Victoria Building NSW 1230, or email applications@avant.org.au or contact us on 1800 128 268.