

Doctor in Training Acceptance of offer form



Membership with Avant Mutual Group Limited ABN 58 123 154 898.
Practitioner Indemnity Insurance with Avant Insurance Limited ACN 003 707 471 AFSL 238765.
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This is an Acceptance of Offer Form for Membership and a Practitioner Indemnity Insurance Policy for practitioners that satisfy the selection criteria. This is a legal document, which will form: (a) the basis of the contract of insurance between the insured (you) and Avant Insurance Limited (Avant Insurance); and (b) the basis of your contract of Membership with Avant Mutual Group Limited (Avant). When reading this document a reference to 'we', 'our' and 'us' will mean Avant Insurance. 'You' and 'your' will mean the insured.

Your duty of disclosure:

Before you enter into an insurance contract, you have a duty to tell us anything that you know, or could reasonably be expected to know, may affect our decision to insure you and on what terms. You have this duty until we agree to insure you. You have the same duty before you renew, extend, vary or reinstate an insurance contract. You do not need to tell us anything that:

- reduces the risk we insure you for; or
- is common knowledge; or
- we know or should know as an insurer; or
- we waive your duty to tell us about.

If you do not tell us anything you are required to, we may cancel your contract or reduce the amount we will pay you if you make a claim, or both. If your failure to tell us is fraudulent, we may refuse to pay a claim and treat the contract as if it never existed. Please read the Practitioner Indemnity Insurance Policy, complete this form, and accept the declarations. You can find the Practitioner Indemnity Insurance Policy wording online at avant.org.au. Please contact us on **1800 128 268** with any questions.

This Acceptance of Offer Form only applies if you meet all the following selection criteria:

1. You must be a: Senior Resident Medical Officer PGY3-5; GP registrar (on either AGPT or RVTS programs only); specialist in training; or a hospital or unaccredited registrar (under PGY11) commencing a training program within two years.
2. You must hold professional registration from the Medical Board of Australia.
3. You must only be performing work that is consistent with the Doctor in Training category in our Category of Practice Guide.
4. You have answered "no" to all of the questions asked in the "Claims, Complaints, Incidents or Proceedings" section of this form.
5. You must have been covered by medical indemnity insurance since your retroactive date, with no gaps in cover.
6. You are not a specialist who has practised within that specialty, regardless of whether you are re-training; or
7. You are a hospital registrar who intends to enrol in a specialist training program.

If you don't meet the selection criteria, this form doesn't apply to you. Instead, please complete a full application form (available online or by contacting us) and return it so we can consider your application.

1. Your details Please write clearly in BLOCK letters					
Title		First name		Last name	
Date of birth		Sex at birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred pronouns	
Mobile		Work telephone			
Email					
Alternate email					
Residential address					
Primary practice address					
Preferred mailing address	<input type="checkbox"/> Residential	<input type="checkbox"/> Practice			
2. Qualification and registration information Please list your medical qualifications					
Qualification		Additional qualification			
University / institution		University / institution			
Year awarded		Year awarded			
Country		Country			
Do you require a temporary visa to work in Australia?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If YES please attach a copy		
Please provide your Ahpra registration details					
Registration number		First year of registration			

3. Medical practice information

Which of the following best describes your current career stage?

Senior Resident Medical Officer PGY3-5 (SRMO)

Postgraduate year 3 Postgraduate year 4 Postgraduate year 5

Hospital Registrar from PGY11 onwards – membership fees in this circumstance will be confirmed during application.

Other career stages

You are a General Practice Registrar currently enrolled in a training programme accredited by either the Royal Australian College of General Practitioners (RACGP) or the Australian College of Rural and Remote Medicine (ACRRM). This includes doctors working towards FRACGP or FACRRM through the following pathways: Remote Vocational Training Scheme (RVTS), Rural Generalist Training Scheme (RGTS), ACRRM Independent Pathway

If you are not currently enrolled in an approved training programme, please complete a practitioner application, form instead. This is available at avant.org.au/products/medical-indemnity/practitioner-indemnity-insurance-policy

Hospital or unaccredited registrar (under PGY11) commencing a training program within two years

Postgraduate year 11 onwards

Specialist in training enrolled in a specialist training program Speciality

In which month and year do you anticipate you will complete your specialist training program? (MM/YYYY)

4. Claims, complaints, incidents or proceedings

If you answer YES to any of the following questions, this offer does not apply. Please complete a full application form.

- a) Have you ever been the subject of, or involved in, a claim, complaint, investigation inquiry or proceeding, or has there been an incident (including an act or error) which may lead to a claim or complaint in connection with your training or from healthcare provided by you? Yes No
- b) Have you ever been refused registration, suspended or deregistered in any country, or have there been any conditions or limitations on your registration? Yes No
- c) Have you ever made a self-notification or been the subject of a voluntary notification to Ahpra? Yes No
- d) Have you ever been counselled, investigated, disciplined or had authorisations altered by an employer, medical college, statutory or medical board? Yes No
- e) Have you ever been charged with, convicted or found guilty of a criminal offence? Yes No

5. Membership and insurance offer

Policy period	Policy details	Amount
From the date I provide in this completed Acceptance of Offer form to Avant Insurance to the following date – within the next 12 months (please select one): <input type="checkbox"/> 30 June <input type="checkbox"/> 31 December The maximum policy period can not be greater than 12 months.	SRMO – Avant fixed annual membership fee (inc. GST) Other career stages – Avant fixed annual membership fee (inc. GST) Post Graduate PGY11 year onwards – membership fees in this circumstance will be confirmed during application*. Avant Practitioner Indemnity Insurance Policy Category of practice: Doctor in Training Retroactive cover as your first date of registration in Australia	\$55* \$110* \$0

*The annual membership fee includes GST. This price will be pro-rated if your membership period is less than 12 months.

*Excludes Hospital Registrar from PGY11 onwards. Please complete the Doctor In Training Application form available at avant.org.au/training-doctors or by calling 1800 128 268 (select option 2). We will then contact you to confirm your membership fee.

Retroactive cover is cover for your past practice. This protects you from claims that may arise from healthcare provided by you in the past. We will note your retroactive date as your first date of registration in Australia. Please contact us if you would like this updated.

Note: Your policy schedule may also list your retroactive date as 'unlimited' this will also provide cover back to the date of first registration.

6. Past insurance

Have you ever been indemnified by any medical defence organisation, employer (e.g. your hospital), or insurance company in the past? If YES please provide details.

Insurer/organisation What year did your cover start and end?

7. Electronic communications disclosure and consent

You will receive the product disclosure statement, renewal documentation, Financial Report and Annual Report electronically. If you wish to change this option please email us as memberservices@avant.org.au or contact **1800 128 268**.

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 Avant electronically. If you wish to change this option please email us as memberservices@avant.org.au or contact **1800 128 268**.

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.

8. Payment details (either credit card or direct debit)

Credit card	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	
Name on card		Total amount	\$55 SRMO or \$110 Other career stages (inc. GST) annual membership fee (pro-rated monthly). [^]
Card number		Expiration date	
Signature		Date	

OR

Direct debit request authority form

I/We authorise Avant Insurance Limited (under User ID 010731) to arrange for payments, including payments for automatic renewal of my membership, to be debited from my/our nominated account through the Bulk Electronic Clearing System (BECS) in accordance with terms described in the Avant Insurance Direct Debit Request Service Agreement.

Financial Institution		BSB number	
Account name		Account number	
Signature 1		Date	
Signature 2		Date	

If debiting from a joint bank account, both signatures are required.

9. Direct Debit Request Service Agreement

This is your Direct Debit Service Agreement with Avant Insurance (under User ID 407295 or User ID 010731, as identified in the DDR). It explains what your obligations are when undertaking a Direct Debit arrangement with us. It also details what our obligations are to you as your Direct Debit provider.

Please keep this agreement for future reference. It forms part of the terms and conditions of your Direct Debit Request (DDR) and should be read in conjunction with your DDR authorisation.

Definitions

Account means the account held at your financial institution from which we are authorised to arrange for funds to be debited.

Agreement means this Direct Debit Request Service Agreement between you and us.

Banking day means a day other than a Saturday or a Sunday or a public holiday listed throughout Australia.

Debit day means the day that payment by you to us is due.

Debit payment means a particular transaction where a debit is made.

Direct Debit Request means the written, verbal or online request between us and you to debit funds from your account.

Us or we means Avant Insurance, (under User ID 407295 or User ID 010731, as identified in the DDR) you have authorised by requesting a Direct Debit Request.

You means the customer who has authorised the Direct Debit Request.

Your financial institution means the financial institution at which you hold the account is maintained you have authorised us to debit.

a. Debiting your account

a.1 By submitting a Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. The Direct Debit Request and this agreement set out the terms of the arrangement between us and you.

a.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request; or

We will only arrange for funds to be debited from your account if we have sent to the email/address nominated by you in the Direct Debit Request, a billing advice which specifies the amount payable by you to us and when it is due.

a.3 If the debit day falls on a day that is not a banking day, we may direct your financial institution to debit your account on the following banking day. If you are unsure about which day your account has or will be debited you should ask your financial institution.

b. Amendments by us

b.1 We may vary any details of this agreement or a Direct Debit Request at any time by giving you at least 14 days written notice sent to the preferred email/address you have given us in the Direct Debit Request.

c. How to cancel or change direct debits

You can:

- cancel or suspend the Direct Debit Request; or
- change, stop or defer an individual debit payment at any time by giving at least 14 days notice.

To do so, contact us at **1800 128 268** during business hours; or

You can also contact your own financial institution, which must act promptly on your instructions.

d. Your obligations

d.1 It is your responsibility to ensure that there are sufficient clear funds available in your account to allow a debit payment to be made in accordance with the Direct Debit Request.

d.2 If there are insufficient clear funds in your account to meet a debit payment:

- you may be charged a fee and/or interest by your financial institution;
- we may charge you reasonable costs incurred by us on account of there being insufficient funds; and
- you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

d.3 You should check your account statement to verify that the amounts debited from your account are correct.

e. Dispute

e.1 If you believe that there has been an error in debiting your account, you should notify us directly on **1800 128 268** or email **memberservices@avant.org.au**.

Alternatively you can contact your financial institution for assistance.

e.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging within a reasonable period for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

e.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding in writing.

f. Accounts

You should check:

- i) with your financial institution whether direct debiting is available from your account as this is not available on all accounts offered by financial institutions
- ii) your account details which you have provided to us are correct by checking them against a recent account statement; and
- iii) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

h. Confidentiality

h.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to

information about you do not make any unauthorised use, modification, reproduction or disclosure of that information.

h.2 We will only disclose information that we have about you:

- i) to the extent specifically required by law; or
- ii) for the purposes of this agreement (including disclosing information in connection with any query or claim).

i. Contacting each other

i.1 If you wish to notify us in writing about anything relating to this agreement, you should write to:

**Avant Insurance Limited
PO BOX 746
Queen Victoria Building NSW 1230**

i.2 We will notify you by sending a notice to the preferred address or email you have given us in the Direct Debit Request.

Any notice will be deemed to have been received on the second banking day after sending.

Before signing the declarations, please review the information you have provided and ensure that you have answered all sections accurately and to the best of your knowledge and belief.

10. Application and declaration

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

I declare that:

- a) the information I have given in this Acceptance of Offer 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 with an insurance contract and on what terms and conditions, and that it will form the basis of my policy
- b) 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 and this application form, unless I otherwise advise Avant Insurance 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
- c) 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 – including any change in the nature or location of my practice or my billings (if any)
- d) I have read and understood the Product Disclosure Statement, Practitioner Indemnity Insurance Policy, Category of Practice Guide and Constitution of Avant and I acknowledge that cover is subject to the terms, conditions and exclusions of the policy
- e) I authorise Avant Insurance to discuss and 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
- f) I authorise Avant Insurance to obtain information and documents in relation to my registration, conditions of my registration or any other matter from any Medical Board or other registration body
- g) I understand I may be required to participate in an audit to verify my category of practice and/or my gross private practice billings (if any) and that I must cooperate and facilitate such an audit. This may include the provision of a Statutory Declaration by me with regard to my gross billings for private practice
- h) I accept that my membership will start from the date that I provide this completed Acceptance of Offer form to Avant and the cost of my membership will be pro-rated if the period is less than 12 months
- i) I accept that my membership and contract of insurance will start from the date that I provide this completed Acceptance of Offer form to Avant only if the selection criteria referred to above is satisfied by me. I acknowledge that the contract of insurance will be subject to the terms and conditions of the policy provided to me or as otherwise specifically varied by Avant Insurance and agreed to by me. Any claim or circumstances which might give rise to a claim or request for indemnity, which:
 - i) you knew about or a person in your position ought reasonably to have known about and thought might result in a claim or allegation being made against you;
 - ii) you notified us, or failed to notify us, of before the policy period commenced; or
 - iii) you notified, or ought reasonably to have notified to another insurer
- j) 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
- k) I understand that this policy, should it be accepted, will not respond to any matters that are known to me, or a reasonable person ought to have known, prior to the inception of the policy or pending claim or circumstances.

Print name as it appears on your Ahpra registration			
Signature		Date	

Please return this form to Avant Insurance Limited by emailing applications@avant.org.au or contact us on **1800 128 268**.

IMPORTANT: Professional indemnity insurance from Avant Mutual Group Ltd ABN 58 123 154 898 is issued by Avant Insurance Ltd, ACN 003 707 471, AFSL 238 765. The information provided is general advice only and does not take into account your objectives, financial situation and needs. Please read the PDS available at avant.org.au/doctor-in-training-indemnity-insurance-policy or by contacting us on 1800 128 268 to see if the insurance is right for you. Terms, limits, conditions, and exclusions apply. MIM-2052 (MIM-2045) 04/26