Intern/RMO1
Acceptance of Offer form 2024

Avant
By doctors for doctors

Office use only:	Member ID		EV #	

Membership with Avant Mutual Group Limited ABN 58 123 154 898 | Intern/RMO1 Insurance with Avant Insurance Limited ABN 82 003 707 471 AFSL 238765 Version: December 2023.

This is an Acceptance of Offer form for Membership and an Intern/RMO1 Indemnity Insurance Policy and retroactive cover as an Intern/RMO1. 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.

By submitting this form or otherwise providing Your personal information to Avant You consent to Your personal information being collected, held, used and disclosed by Avant in accordance with the Avant Privacy Policy found at **avant.org.au/Privacy-Policy**

The offer details in this form only apply if You meet the following selection criteria:

1. You must be an Intern/RMO1 who is eligible or has professional registration from the Medical Board of Australia who will be engaged or is engaged in medical training in an Australian hospital.
2. You must only be performing work that is consistent with Your category of practice as per the Category of Practice Guide.
3. You must have answered 'no' to all of the questions asked in the claims and history section of this form.

If You fall outside the section criteria above this Acceptance of Offer form does not apply to You – You will need to complete a full application form and return it to us so we can consider whether we will make an offer of insurance.

Completing this form:

1. Please print clearly and complete every section.
2. You must read and sign the declaration and acceptance section.
3. If You are eligible for this Acceptance of Offer form we will send You a Policy Schedule within five business days of receiving Your fully completed form.

If You are unsure about the information to be supplied please contact us on **1800 128 268 select option 2**.

Contact information Please write clearly in BLOCK letters

Title		First name		Last name	
Gender*	☐ Male ☐ Female	Date of birth		Mobile	

*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.

Address	
Email	

Electronic communications disclosure and consent

You will receive the product disclosure statement, Financial Report, Annual Report and renewal documentation 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 Avant 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.

Professional details

Qualification		Year awarded	
University/institution		Country	
Medical Board registration number		Date of registration	
Training hospital			

Which of the following best describes Your career stage? ☐ Intern ☐ RMO1

Retroactive cover is automatic to the date You first commenced work as an intern in Australia or the date that You complete this Acceptance of Offer form (whichever is earliest)

When did/will You commence work as an intern in Australia?	

Claims, Complaints, incidents or proceedings

If You answer YES to any of the following questions, this offer does not apply – please ask for an application form:

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 ever 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	☐ Yes	☐ No
Have You ever made a self notification or been the subject of a voluntary notification to Ahpra?	☐ Yes	☐ No

Membership and insurance offer

Period	Policy details	Amount
From the 1 January 2024 to 31 December 2024	**Avant membership** (inclusive of GST) **Avant Insurance Intern/RMO1 Indemnity Insurance Policy** **Category of practice:** Intern or RMO1 (per above) **Retroactive cover** from the date first commenced work as intern in Australia or the date that I complete this Acceptance of Offer form (whichever is earliest).	**$0** **$0**

FREE Lite Extras Cover* from Doctors' Health Fund

As part of this Avant Policy You are eligible for **FREE Lite Extras Cover* from Doctors' Health Fund**. This exclusive private health insurance offer is fully subsidised by Avant, meaning You can access benefits for services such as dental, optical, physio and more, without having to pay a premium. For more information and terms & conditions visit **doctorshealthfund.com.au/liteextrascover**

☐ I do not want to receive FREE Lite Extras Cover* from Doctors' Health Fund.

If You are already a member of Doctors' Health Fund, the fund will contact You to discuss an offer of equivalent value.

Application and declaration

Before signing this Acceptance of Offer form, please review the information You have provided and ensure that You have answered all sections. I declare that by signing, typing my name, or entering an electronic signature in the space provided and returning this form that:

a) I have reviewed the information I have given in this Acceptance of Offer form and that the information is true and correct, and I acknowledge that Avant Insurance will rely on this information in deciding whether meet the criteria in making the offer above to me and that this form will be the basis of my Policy.

b) I accept the offer of retroactive cover as set out in the Policy and this Acceptance of Offer form to the date that I started my internship or the date that I complete this Acceptance of Offer form (whichever is earliest) and confirm that the date will cover all my past uncovered incidents and I agree to accept all future offers of retroactive cover, 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.

c) I have read and understood the Intern/RMO1 Indemnity Insurance Policy Product Disclosure Statement and Category of Practice Guide and I understand that the contract of insurance will be subject to the terms, conditions and exclusions of the Policy or as otherwise specifically varied by Avant and agreed by me.

d) I accept this offer of membership of Avant and an Intern/RMO1 Indemnity Insurance Policy with Avant Insurance and agree to be bound by the Constitution of Avant and the terms of any insurance Policy issued to me.

e) I accept that this Acceptance of Offer is subject to the terms above and receipt of the signed and completed Acceptance of Offer form by Avant and Avant Insurance.

f) I consent to Avant collecting, using, holding and disclosing my personal information (including sensitive information) in accordance with Avant's Privacy Policy available at **avant.org.au/privacy-policy**

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

h) I understand that I may be required to participate in an audit. This may include the provision of a Statutory Declaration by me with regard to my category of practice and/or gross private practice billings (if any). I must cooperate and facilitate such an audit.

i) I accept that my Policy will start from the date that I provide this completed Acceptance of Offer form to Avant and Avant Insurance.

Signature		Date	

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.