

# Student Application form

Membership with Avant Mutual Group Limited ABN 58 123 154 898.

Student Indemnity Insurance Policy with Avant Insurance Limited ACN 003 707 471 AFSL 238765.

Version: April 2026

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](http://avant.org.au/privacy-policy)

## Contact information Please write clearly in BLOCK letters

Title	First name	Last name
Sex at birth <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred pronouns	Country of birth
Date of birth	Mobile	
Address		
Email		
Alternate email		
On what date did you first become a medical student in Australia? <b>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.</b>		
Current university	Qualification	Expected graduation year

## 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 claim or complaint in connection with your training or from healthcare provided by you?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Have you ever been counselled or disciplined in relation to alcohol or drugs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been charged with, convicted or found guilty of a criminal offence	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever made a self notification or been the subject of a voluntary notification to Ahpra?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

## Electronic communications disclosure and consent

You will receive the Policy Wording, renewal documentation, Financial Report and Annual Report electronically. If you wish to change this option please email us as [memberservices@avant.org.au](mailto: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 AMGL electronically. If you wish to change this option please email us as [memberservices@avant.org.au](mailto: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.

Signature	Date
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## 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:**

<p>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.</p> <p>b) I have read and understood the Student Indemnity Insurance Policy Wording and Constitution of Avant.</p> <p>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.</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
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Please return this form to Avant Insurance Limited by emailing [applications@avant.org.au](mailto:applications@avant.org.au)  
or contact us on **1800 128 268**.

IMPORTANT: Professional indemnity insurance from Avant Mutual Group Limited ABN 58 123 154 898 is issued by Avant Insurance Limited, 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 policy wording available at [avant.org.au/student-indemnity-insurance-policy](http://avant.org.au/student-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-2055 (MIM-2045) 04/26