Student
Application form

Avant
By doctors for doctors

Membership with Avant Mutual Group Limited ABN 58 123 154 898.
Student, Intern and RMO1 Indemnity Insurance Policy with Avant Insurance Limited ACN 003 707 471 AFSL 238765.
Version: January 2027

This is an application form for membership and a Student, Intern and RMO1 Indemnity Insurance Policy. It is a legal document and will form the basis of:

a) the contract of insurance between the applicant (you) and Avant Insurance Limited (Avant Insurance); and

b) your contract of membership with Avant Mutual Group Limited (Avant).

In this document, 'we', 'our' and 'us' means Avant Insurance and 'you' and 'your' means the applicant.

Privacy notice
Avant Insurance is part of the Avant Mutual Group (Avant Mutual) which includes Avant Mutual Group Limited and its related entities. Avant Mutual collects, uses and discloses your personal information to communicate with you, conduct its business (including marketing, research and providing 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, Avant Mutual may not be able to assist you or provide its products or services. For more information, please read the privacy policy at **avant.org.au/privacy-policy** or contact the Privacy Officer at **privacy@avant.org.au**.

By submitting this form or otherwise providing your personal information to Avant Mutual you consent to your personal information being collected, held, used and disclosed by Avant Mutual in accordance with the Avant Privacy Policy.

Contact information Please write clearly in **BLOCK** letters

Title		First name		Last name	
Sex at birth	☐ Male ☐ Female	Preferred pronouns		Country of birth	
Date of birth	DD/MM/YYYY		Mobile		
Address line 1					
Address line 2					
Suburb		State		Postcode	Country
Email					
Alternative email					

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, Intern and RMO1 Indemnity Insurance Policy.

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 on page 2.

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?	☐ 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 in any country?	☐ Yes	☐ No
4. Have you ever made a self-notification or been the subject of a voluntary notification to Ahpra?	☐ Yes	☐ No

Electronic communications disclosure and consent

You will receive the product disclosure statement (PDS), renewal documentation, Financial Report and Annual Report electronically. If you wish to change this option please email **memberservices@avant.org.au**.

I consent to Avant Mutual 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 Mutual.

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 **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.

Signature		Date	DD/MM/YYYY

Application and declaration

I hereby apply for membership of Avant and for a Student, Intern and RMO1 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, Intern and RMO1 Indemnity Insurance Policy 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 PDS 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, medical defence organisation 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 Mutual and overseas disclosures.

Additional information

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 is issued by Avant Insurance Limited ACN 003 707 471 AFSL 238 765. This is general advice, it does not consider your objectives, financial situation or needs. Before buying, read the relevant PDS at www.avant.org.au. MIM-2633 01/27