

# Melanoma Institute Australia Observerships Application Form

Please complete the details below and attach the following to your application:

- A cover letter explaining why you would like to undertake this Observership
- Your CV
- Proof of immune/vaccination status for chickenpox, measles/mumps/rubella, polio, pertussis/tetanus
- Scanned certified colour copies of your medical qualifications and training
- Scanned certified colour copy of passport photo page
- Evidence of current relevant public liability insurance or indemnity insurance (if you don't have this, you may need to purchase this yourself if you are a successful candidate)
- Evidence of criminal record check from your local police authority and a working with children check

Please note that all documents need to be in English or have certified translations.

Send your complete application to [education@melanoma.org.au](mailto:education@melanoma.org.au) together with your non-refundable application fee of \$300\*.

\* Direct deposit details are available on request or post cheque to:  
MIA Education – Observership Program  
40 Rocklands Rd  
Wollstonecraft NSW 2076  
Australia

We may wish to contact you to discuss the Observership.

## Personal information:

Name	
Address	
Mobile Number	
Email	
Skype name (if available) for video conferencing	
Residency status or visa status	
Current medical speciality	
Area of Observership that you are most interested in	
Proposed start date if successful (must be between March and October)	

**Qualifications:**

Qualification	Institution	Country	Date

**English language proficiency (if applicable):**

Examination	Date	Result	Location

**Employment history:**

Position	Date	Location

**Referees – including endorsement by MIA clinician, if applicable:**

	Name	Position	Relationship (inc. period)	Phone	Email
1.					
2.					
3.					

[placeholder for paragraph on patient consent]

I certify that the information contained within my application is complete and accurate to the best of my knowledge. I understand that any false or missing information may disqualify me from consideration for a position, or if employed, may constitute cause for termination from the program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_