



## Consultant QASM Participation and Contact Details

(Please print clearly)

QASM participation is a requirement of the College's CPD program.

Title: ..... First Name: ..... Last Name: .....

Email address: ..... Telephone: .....

Please print clearly - this email address will be used to notify you of pending QASM forms.

QASM provides a secure web-based system (with username and password) for the completion of audit forms. Notification of a surgical death will be emailed to the above email address with a website link to complete the audit form.

Please tick here if you are unable to access the internet (using IE8, Mozilla Firefox or Safari) and require paper forms to be sent to your mailing address below.

Preferred mailing address for correspondence:  
.....  
.....  
.....  
.....

Suburb: ..... State: ..... Postcode: .....

Surgical Specialty: ..... Sub-specialty: .....

Please list all hospitals where you work:  
.....  
.....  
.....  
.....

Assessment of QASM cases is optional. Please tick the appropriate boxes:

1.  I agree       I do not agree    to be a First-Line Assessor

2.  I agree       I do not agree    to be a Second-Line Assessor (perform case note review)

Please return this form to the QASM office. Thank You.

PO Box 7476, East Brisbane QLD 4169  
Telephone: 07 3249 2971 Fax: 07 3391 7915  
Email: qasm@surgeons.org Web: www.surgeons.org/qasm