

FORM

ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Subject:	Authority To Act, Release and Receive Information	Ref. No.	ETA-IMG-042
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I,

of

refer to the Application for Short-Term Training in a Medical Specialty (**Application**) completed on my behalf.

In support of that Application I authorise

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of

(Agent)

to do the following :

- act on my behalf to release and/or receive any file, documentation and/or information in my name or otherwise relating to the Application;
- to obtain copies of any documents on my behalf relating to the Application; and
- otherwise act on my behalf in relation to, and in pursuance of, my Application.

This Authority will remain in place until revoked by me in writing to the Royal Australasian College of Surgeons (**RACS**). RACS is entitled to rely on this Authority in its dealings with the Agent, and I release RACS from all liability in relation to actions engaged in by the Agent pursuant to this Authority.

Name and Country of Training :	
Signed:	Date:
Witness Signature :	Witness Name :

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Acceptance and Acknowledgement by Agent

I,

of

acknowledge and accept the agency contained in this Authority on the following conditions :

- That the Authority binds me personally;
- That RACS is entitled to rely on actions undertaken by me pursuant to this Authority; and
- That the agency is not transferable or otherwise assignable to another person or entity.

Signed by Agent :	Date:
Witness Signature :	Witness Name :