



Agreement to continue in the SIMG assessment process

This form should be completed by specialist international medical graduates who wish to continue in the SIMG assessment process.

Declaration of applicant

- I accept the outcome of the assessment of my application against regulation 23 and wish to continue in the SIMG assessment process.
- I confirm that my SIMG interview was undertaken on _____

Personal details

Family name _____

Given name _____

Date of birth _____

Gender _____

Address (line 1) _____

Address (line 2) _____

Address (line 3) _____

City _____

State _____

Postcode _____

Country _____

Home phone _____

Work phone _____

Mobile _____

Email _____

Confirmation of applicant

- Check here to indicate that you have read and understood your AHPRA Report 1 and the ANZCA letter accompanying the Report 1.

- Check here to indicate that you accept the outcome of the assessment of your application against regulation 23 as outlined in the Report 1 and ANZCA letter.

- Check here to indicate that you wish to continue in the SIMG assessment process.

Please return the completed form to simg@anzca.edu.au. Please note that no further action will be taken on your application until you have completed and returned this form.