



**ROYAL AUSTRALASIAN COLLEGE  
OF DENTAL SURGEONS**  
Incorporated ABN 97 343 369 579  
**ORAL AND MAXILLOFACIAL SURGERY**

For Office Use Only

**BST EXAMINATION**  
Registration For Examination

Family Name				(Block Letters)
First Name				(Block Letters)
Other Names	(Block Letters)	Date of Birth	_____ / _____ / _____ Day                      Month                      Year	
Address for Correspondence	_____ _____			
Telephone	(W)	(H)	(Mob)	
Fax		Email		

<b>BST OMS - Clinical Year Undertaken:</b> Location/s: _____ Date/s: _____ to _____ Location/s: _____ Date/s: _____ to _____	<b>BST Surgery In General Year/s Undertaken:</b> Location/s: _____ Date/s: _____ to _____ Location/s: _____ Date/s: _____ to _____
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Candidates are reminded that registration is valid only for the examination to which the candidate has been admitted.  
 Candidates are referred to Regulations 9 and 10 of the *Regulations for Examination and Fellowship* regarding reimbursement of registration fees.

I certify that the above information is correct and I support the trainee's readiness to undertake BST examination.  
 Signature (Supervisor of Training) : \_\_\_\_\_ Position held: \_\_\_\_\_  
 Date: \_\_\_\_\_

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*Unsigned applications will not be processed.*

<b>PAYMENT</b>	
<input type="checkbox"/> <b>CHEQUE / MONEY ORDER / BANK DRAFT</b>	- Payable to the "Royal Australasian College of Dental Surgeons" Must be made in Australian Dollars drawn on an Australian Bank.
<input type="checkbox"/> <b>CREDIT CARD PAYMENT</b>	
Please debit my credit card	A\$ <input type="text"/> <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Bankcard
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiry Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
Card Holder Name	<input type="text"/>
Signature: _____	Date: _____

**CLOSING DATE FOR RECEIPT OF THIS FORM: 2 APRIL**

[Ref: Forms/OMS -BST Exam Reg Form]