

# Australian Medicolegal College



President: Dr Drew Dixon  
Secretary: Dr Sikander Khan  
Membership Chairperson: Dr Margaret Gibson

## APPLICATION FOR FELLOWSHIP

I, Dr .....

of .....

hereby apply to become a Fellow of the Australian Medicolegal College.

Year of Graduation .....

Qualifications .....

Specialty .....

Present appointments and affiliations:

Extent of medicolegal practice:

Phone: ..... Fax: ..... Email: .....

Nominated by:

I, Dr .....

of .....

am nominating Dr .....

for Fellowship of the Australian Medicolegal College.

I, Dr .....

of .....

hereby second the nomination of Dr .....

Under the Constitution, to become a Fellow of the Australian Medicolegal College you will need to provide **two Deidentified Medicolegal Reports**. Once these are assessed and accepted by the Committee you will be approved as a Fellow.

Applicant's Signature: ..... Date: .....

Proposer's Signature: ..... Date: .....

Seconder's Signature: ..... Date: .....

**Manager: Mandy Chalmers, Phone 0419 886 557, Mail: PO Box 246 Bondi Rd, Bondi NSW 2026**

**Email your application to: [ausmlcollege@gmail.com](mailto:ausmlcollege@gmail.com)**