



**RANZCO**



The Royal Australian  
and New Zealand  
College of Ophthalmologists

THE LEADERS IN COLLABORATIVE EYE CARE

The Royal Australian and New Zealand College of Ophthalmologists

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# RACE Exam Registration Form (SIMG)

## Section A: Candidate Details

Given Name/s: ..... Family Name: .....

Street Address: ..... Suburb/Town: .....

State/Province: ..... Postcode: ..... Country: .....

Mobile Number: ..... Email Address: .....

## Section B: Examination Details

### RACE Semester 2 2024

Eligible Specialist International Medical Graduates (SIMG) can only sit the clinical component in Semester 1 and 2. The exam must be attempted at the next scheduled sitting of the RACE clinical component after completion of the period of supervised practice (if this was required).

I am registering to sit (select from the drop-down list)

## Section C: Payment Details

Candidates who wish to withdraw from an examination will need to advise RANZCO by e-mail no later than three weeks prior to the examination date. Withdrawal after this date will result in the forfeit of the examination registration fee, unless there are extenuating circumstances which can be supported by appropriate documentation. All withdrawals will incur an administration fee (AU\$ 100).

**Credit card**    Visa    Mastercard

Card Number: ..... Expiry Date: .....

Cardholder's Name: ..... Pay AU\$: .....

Cardholder's Signature: ..... Date: .....

## Section D: Statement of Privacy

The Royal Australian and New Zealand College of Ophthalmologists (RANZCO) is required to observe the provisions of the Commonwealth Privacy Amendment (Private Sector) Act 2000, which has effect from 21 December 2001 and sets out the requirements for the collection and use of personal information collected before and after that date.

RANZCO respects the privacy of candidates sitting the College's examinations. Information collected by the College may be used for the purpose of training, assessment and progress monitoring.

The College follows the privacy procedures of the Australian Medical Council (AMC). By signing this statement, you give consent to the College to collect and use the information you have provided as described.

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