



Australian Government

Department of Health
and Aged Care

Approved Medical Deputising Services (AMDS) Program
Declaration of exceptional circumstances

Instructions

This form is to be completed by doctors advising that exceptional circumstances have prevented active progression towards their Fellowship qualification. Attach this form to your completed AMDS Program placement application form.

Supporting evidence must meet the following criteria:

- Provided by a doctor who is currently registered with the Medical Board of Australia
- Provided on a practice letterhead that includes the doctor's name and provider number
- Be no more than three months old
- Outline the condition, treatment, and frequency of appointments
- Outline the applicant's role in the patient's care, if applicable.

Applicant details

Surname	
Given name(s)	

Exceptional circumstances

Brief description	
Patient	<input type="checkbox"/> Myself <input type="checkbox"/> Immediate family member for whom I have primary caring responsibility.

Applicant acknowledgements and declaration

I, Dr _____ acknowledge and certify that:

<input type="checkbox"/>	I have attached documentary evidence of exceptional circumstances that have prevented my progression towards a Fellowship qualification.
<input type="checkbox"/>	My circumstances and supporting documentation will be reviewed by a medical advisor within the Department of Health and Aged Care.
<input type="checkbox"/>	I have no personal or professional relationship with the doctor who has provided medical evidence or documentation in support of this application.
<input type="checkbox"/>	To the best of my knowledge, the information provided in this form and any supporting documents are true in every particular.

Applicant name	
Applicant signature	
Date	