

RANZCOG expert witness register Application Form



The Royal Australian and New Zealand College of
Obstetricians and Gynaecologists

APPLICATION 2008

Section 1: I certify that I will act according to these Guidelines and that I am available as an expert witness in (please ✓):

- a giving evidence as to reasonable practice in general obstetrics
- b giving evidence on scientific data in general obstetrics
- c giving evidence as to reasonable practice in general gynaecology
- d giving evidence on scientific data in general gynaecology
- e giving evidence on reasonable practice in the subspecialty of
.....
- f and/or giving evidence on scientific data in the subspecialty of
.....

Section 2: I declare that over the past THREE YEARS I have been in active practice in the areas of (please ✓):

- general obstetrics
- general gynaecology
- gynaecology oncology
- obstetrical and gynaecological ultrasound
- reproductive endocrinology and infertility
- maternal-fetal medicine
- urogynaecology

Please note it is your responsibility to notify the College if you have ceased active practice in your nominated category(s).

By agreeing to register as an expert witness your name and business address will be released to third parties in response to an enquiry in relation to expert witnesses. While the College will provide the information to third parties for that purpose only, the College cannot guarantee the information will not be used by the third party for a secondary purpose.

Declaration of willingness to act as an expert witness: I agree to abide by the RANZCOG Guidelines for College Fellows participating on the RANZCOG expert witness register

Full name

Business address

Telephone number

Signature Date

Chairman / Medico-legal Committee Date

President Date

**REVIEW
2009**

**REVIEW
2010**

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Have your contact details changed?

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| <input type="checkbox"/> No | <input type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input type="checkbox"/> Yes |

If yes, please complete the relevant review section overleaf

