

# COGU IN-HOSPITAL CLINICAL ASSESSMENT APPLICATION FORM



THE ROYAL AUSTRALIAN  
AND NEW ZEALAND  
COLLEGE OF  
OBSTETRICIANS AND  
GYNAECOLOGISTS

**Applicant Details:**

<b>Name:</b>		<b>Year of Training:</b>	
<b>Postal Address:</b>			
<b>Telephone:</b>			
<b>Mobile:</b>			
<b>Email Address:</b>			

<b>The Revised version of the COGU IHCA consists of summative assessments of 5 compulsory competencies.</b>
1) 12 week assessment
2) Mid trimester assessment
3) Third trimester assessment
4) Gynaecological assessment (2 cases)

Please note:

- The fee of \$315 (GST exempt) is payable to RANZCOG for this assessment.
- This form and payment must be sent to College House before the planned date of the first summative assessment.
- Once approved, this form will be returned to you has acknowledgement.

**TAX INVOICE**  
**ABN 34 100 268 969**  
 This document becomes a Tax Invoice for GST when payment is received

**Payment:**

I wish to pay by:

- \*  Cheque (please make cheques payable to 'The Royal Australian and New Zealand College of Obstetricians and Gynaecologists' or 'RANZCOG')
- Credit Card (please complete details below)

Card Type:       Visa Card       Mastercard       Cheque

Applicant's Name: .....

Cardholder's Name: .....

Card Expiry Date:    \_\_\_ / \_\_\_

Card number:        \_\_\_\_\_

Amount Paid: \$AUD \_\_\_\_\_      Signature \_\_\_\_\_

\* Overseas payments should be by international cheque drawn on an Australian Bank.

**Forms should be returned to College House, 254-260 Albert St, East Melbourne, VIC 3002**