



2021 DHM exam application

Before submitting the form, please ensure that you meet the eligibility criteria and verify that the college has received all required documentation including all outstanding fees.

Personal details

College ID

First name _____

Middle name _____

Surname _____

Date of birth _____

Address _____

Suburb/State/Postcode _____

Country _____

Mobile _____

Email _____

Please notify dhm@anzca.edu.au if any of these details change during the course of the exam.

Exam Date and Venue

Please select which examination sitting you will attend, and then your preferred venue for the written section of the examination. The viva examination will be held in Melbourne only.

Written: 11 August 2021

Viva: 8 September 2021 (Melbourne)

Please tick your preferred venue for the written sections:

Australia:

Adelaide

Brisbane

Melbourne

Perth

Sydney

Declaration of trainee

I declare that the statements made in this application are true and accurate. I am complying with my responsibilities and obligations as per the [DHM Training Agreement](#).

Signature _____ Date _____

Eligibility

Applicants must have fulfilled all eligibility requirements at the date of application, or will do so by the date of the written section of the relevant examination. In the latter circumstance an applicant must provide a written statement from his or her supervisor of training certifying that he or she will have completed all entrance requirements by that date. (Regulations 36.19.2)

These eligibility requirements must be met and submitted to the College at least two weeks prior to date of the written section of the examination.

Supervisor name: _____

Supervisors comments (if any):

Signature _____ Date _____

Payment details

The examination fee must be paid at the time of application to sit the DHM exam. Please tick to indicate which fee(s) you intend to pay: (All fees must be paid in full, no payment plans will be granted)

- Australia \$ A 2165.00
- New Zealand (GST incl.) \$ NZ 2685.00

Credit card type: Visa Mastercard

Credit card number _____ Expiry date _____

Name on card _____

Signature _____

Please email your completed form to the college:
Email: DHM@anzca.edu.au

Applications are accepted via email only.

For further information, please email or contact us at +61 3 9510 6299.