



APPLICATION FORM

Australasian Chapter of Sexual Health Medicine Exit Assessment

Exam Date: Friday, 10 July 2026

Closing date for applications: Tuesday, 21 April 2026

PERSONAL DETAILS

| | |
|-----------------------------|--|
| Membership Number (MIN) | |
| Given / First Name(s) | |
| Surname / Family Name(s) | |
| City and State of Residence | |

Ensure your personal information is up-to-date on your [MyRACP](#) account. **Failure to advise the College of a change of contact details will cause delays in receiving important examination correspondence.**

If you have any issues accessing your [MyRACP](#) account, please contact Member.Support@racp.edu.au.

CURRENT APPOINTMENT

Approval to join the SHM Advanced Training Program was granted by the Chapter on: _____

| | |
|----------------------|--|
| Post / Position | |
| Hospital / Workplace | |

EXAMINATION REQUIREMENTS

Examination attempts

Limits on the total training time allowed and the number of examination attempts are specified by the [Progression through Training Policy](#).

For more details, refer to the eligibility criteria and examination attempts set out in the [Sexual Health Medicine Advanced Training Program Handbook](#).

Pre-examination special consideration for provisions

If you require special provisions on the examination day, submit a request by email to Faculty.Examinations@racp.edu.au by **Tuesday, 21 April 2026**. Refer to the [Special Consideration for Assessment Policy](#) and the [Special Consideration for Assessment application guide and form](#) for more information.

Submitting applications

Submit your application by email to Faculty.Examinations@racp.edu.au by **Tuesday, 21 April 2026**. You will receive an email confirming receipt of your application.

Confirmation of registration

Once applications have closed and your eligibility has been finalised, you will receive a candidate allocation letter via

email confirming your exam registration and venue.

Withdrawal of application

To withdraw from the examination, you must advise the College by email at Faculty.Examinations@racp.edu.au.

Withdrawals are not counted as an attempt. You may withdraw up until the commencement of the examination.

Outstanding training fees

Trainees with outstanding training fees will not be eligible to sit the examination.

DECLARATION BY APPLICANT

I understand that eligibility to sit the examination is determined by the nominated supervising committee(s).

I have read and understood the information contained in the [AChSHM Exit Assessment](#) webpage, and the [Progression through Training Policy](#).

I would like to participate in the AChSHM Exit Assessment preparation tutorials.

I hereby declare that all the information given is correct.

SIGNATURE OF APPLICANT

DATE

I understand the information outlined below:

Personal and training-related information that you provide will not be sold, exchanged, transferred or given to any other company for any reason whatsoever, without your consent, other than for the purpose of working with you, and providing training and education services to you. For further information, including how you may seek access to or the correction of your personal information, please refer to our [Privacy Policy for Personal Information](#).

By submitting this application, you are agreeing that your personal information may be shared with service providers we have engaged in order to facilitate the provision of examination facilities and deliver your results to you.

SUBMIT THIS APPLICATION FORM BY: Tuesday, 21 April 2026

Email to Faculty.Examinations@racp.edu.au