



Human Genetics Society of Australasia

ARBN 076 130 937 (Incorporated Under the Associations Incorporation Act)
The liability of members is limited

Appendix 1

Application Form for Accreditation of Genetic Counselling Programs

Please submit this form and evidence of payment to the HGSA Genetic Counselling Course Accreditation Committee via email gaccreditation@hgsa.org.au and copy to secretariat@hgsa.org.au.

Payment can be made by bank transfer to the following account:

Bank: NAB

SWIFT Code: NATAAU3303M

Account Name: Human Genetics Society of Australasia Incorporated

Branch Number (BSB): 082 282

Account Number: 71 909 2911

Reference: *University Name*

| Program Information | |
|---|--|
| Name of the Program | |
| Current Board accreditation status | |
| Date of last accreditation by the Accreditation Committee | |
| Program address (in full) | |
| Name of institution granting degree | |
| Institutional address (if different) | |
| Institutional faculty (eg medicine, public health) with administrative responsibility for the Program | |
| Dean of faculty | |

HGSA Course Accreditation for Master of Genetic Counselling.

Policy Number 2023 PL02

Dated: 31 March 2023

All correspondence to

PO Box 6012, Alexandria, NSW 2015

Telephone 02 9669 6602

Fax 02 9669 6607

secretariat@hgsa.org.au

www.hgsa.org.au

ABN 17 076 130 937



| | |
|---|--|
| Institutional department with administrative responsibility for the Program | |
| Head of department | |
| Year the first degree was awarded by the Program | |
| Current title of the degree granted | |

| Program Director | | | |
|-------------------------------------|--|------|--|
| Name | | | |
| Administrative title | | | |
| Address | | | |
| Degrees | | | |
| FHGSA (Y/N and year awarded) | | | |
| Registered Genetic Counsellor (Y/N) | | | |
| Years of clinical practice | | | |
| Contact details | | | |
| Years as Program Director | | | |
| Signature | | Date | |

| FHGSA Co-Chair of Curriculum Committee (if applicable) | |
|---|--|
| Name | |
| Administrative title | |
| Address | |
| Degrees | |
| Year FHGSA awarded | |
| Registered Genetic Counsellor (Y/N) | |



| | | | |
|---|--|------|--|
| Years of clinical practice | | | |
| Contact details | | | |
| Years as FHGSA Co-Chair of Curriculum Committee | | | |
| Signature | | Date | |

Board use only

| | | |
|-------|---------------|---------|
| Rec'd | Payment rec'd | Granted |
|-------|---------------|---------|