



Agreement to Participate

2 August 2016

I am a practising anaesthetist and wish to confirm my willingness to participate in the NT Audit of Surgical Mortality and subject my cases for peer review.

I agree to participate I do not agree to participate I have retired from clinical practice

If you agreed to participate:

1. I work at the following hospitals:

2. Please provide your preferred electronic and postal addresses for delivery of forms:

Signature: _____ Date: _____

Name: _____ Position: _____

Please return completed form to: NTASM@surgeons.org or PO Box 7385, East Brisbane, 4169.



**Northern Territory
Anaesthetic Mortality Committee**