

# RACGP PFP registration form

## Pre-Fellowship Program (PFP)



ACN 000 223 807 ABN 34 000 223 807

Please print letters. Use black or blue pen and place  in all applicable boxes.

### Please return form to:

The Royal Australian College  
of General Practitioners Ltd  
Reply Paid 88254  
East Melbourne Victoria 8002

**Member Services** 1800 472 247  
**Fax** 03 8699 0489  
**Email** [gplearning@racgp.org.au](mailto:gplearning@racgp.org.au)

I wish to register for RACGP membership Yes No

I am already a member of the RACGP Yes No RACGP number

(office use only)

## Personal details

Title	First name	Last name	Preferred name	
Home address	Suburb		State	Postcode
Telephone	Fax	Email		
Mobile	Date of birth	Gender (tick one)		
		Male	Female	
<b>I am of Australian Aboriginal or Torres Strait Islander origin</b>				
No	Yes, Australian Aboriginal	Yes, Torres Strait Islander	Yes, both	Prefer not to say

## Employment details

Employment name		Employment address		
Suburb	State	Postcode	Telephone	Fax
Employment email address		Preferred email address		Preferred postal address
		Employment	Home	Employment Home

## Medical registration

Medical registration number Date of registration

Do you have any conditions of your registration? **Yes** (please provide details of your condition/s)

Which Rural Workforce Agency are you registered to?

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## Additional options

I would like to receive RACGP news bulletins, major health information, RACGP notices including event/workshop notices and updates from the RACGP, via email or via emailed links to the RACGP website	Yes	No
I would like to join RACGP Specific Interests (free)	Yes	No
I would like to join RACGP Aboriginal and Torres Strait Islander Health (free)	Yes	No
I would like to join RACGP Rural (free)	Yes	No

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## Declaration

### In joining the RACGP as a member, I make the following declarations for the RACGP's benefit:

1. I agree to be bound by the **RACGP Constitution**, any regulations made under it and any policy issued from time to time by the RACGP that applies to members.
2. I confirm that I am registered with AHPRA and satisfy all of the requirements of RACGP's Fit and Proper Fellow Policy, available at **RACGP's Fit and Proper Fellow Policy**.
3. I confirm that I have read and agree to be bound by the **RACGP's Privacy Policy**.
  - a) I confirm the RACGP can contact me for matters relating to membership, invoices and payments, exam results, meetings of members and annual reports. I understand that I cannot unsubscribe from these types of communications as a condition of my membership and that I must provide a personal email or residential address for communications.
  - b) I confirm the RACGP can provide my personal information to AHPRA, Medicare, Departments of Health, general practice education and training providers, and other regulators. I understand that as a condition of membership, I cannot withdraw my consent from these third-party communications by the RACGP.
 

I consent to the RACGP providing my contact details to third parties (including Member Benefits Australia and GP conference sponsors) to provide me with information about their goods and services. Further, I understand that I may withdraw this consent by notifying the RACGP.

I understand that I may unsubscribe from receiving marketing communications from the RACGP.

Tick this box to unsubscribe from all marketing communications from the RACGP.

Signature

Date

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## Membership confirmation

Once your application is processed, you will receive an email confirming your membership details.