



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

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ANC 000 223 807 ABN 34 000 223 807

FELLOWSHIP APPLICATION FORM – Conjoint Exam Hong Kong and Malaysia

OFFICE USE ONLY

State: Date Received: RACGP Number :

RACGP Fellowship requires –

- Completion of this application form with attached evidence as required
- Evidence of participation in recognised QA & CPD activities

AND EITHER

1. Successful completion of a RACGP Assessment process plus a minimum of seven (7) years postgraduate medical experience, of which five (5) years or its part-time equivalent must have been in General Practice.

OR

2. Successful completion of a RACGP Assessment process plus successful completion of a RACGP approved Vocational Training Program

Family Name (Please print): Given names:

Practice address:

P/code:..... Phone No:(.....) Fax No:(.....)..... Email:

Home address:.....

P/code:..... Phone No:(.....)Fax No:(.....)..... Email:

Date of Birth:/...../..... Sex: Male Female

Preferred mailing address Practice Home

DETAILS OF QUALITY ASSURANCE & CONTINUING PROFESSIONAL DEVELOPMENT (QA&CPD)

**Undertaken in the previous twelve months
(attach RACGP credit point statement or extra page if required)**

Office Use Only

Please tick the appropriate box and supply evidence as required.	(Office use only) evidence attached
1. Have you sat and passed the RACGP Conjoint Examination ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please attach the notification from the Hong Kong/Malaysian College	

Medical Qualifications and Registration

Academic Background	Date	Qualification	University/College/Country	Office Use Only
Primary Qualification				
Other Medical Qualifications				
Non Medical Qualifications				
Medical Registration	Date	Registering Body		Office Use Only
Provisional				
Full				
Please attach			Please tick <input checked="" type="checkbox"/>	Office Use Only
1. Copy of current medical registration receipt (transcribed in English)				

EVIDENCE OF GP EXPERIENCE	(Office use only) evidence attached
Please tick the appropriate boxes and supply evidence as required.	
1. Have you a minimum of seven (7) years postgraduate medical experience? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Are you a member (other than an Associate) of the RACGP? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Have you successfully completed a RACGP approved Vocational Training Program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach notification of your successful completion of training from your Vocational Training Provider. You will not need to supply any other evidence of GP experience.	
4. Have you previously had any experience in Australian General Practice? Please provide documentation, site, times, dates Full time or Part time <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete Form A "Assessment of Australian General Practice Experience"	
5. Have you had any experience in General Practice in Hong Kong or Overseas. If yes, please document site, times and dates Full time or Part time <input type="checkbox"/> Yes <input type="checkbox"/> No If no, or you have further experience to be assessed, please complete Form C "Assessment of Overseas General Practice Experience"	

NOMINATION OF REFEREES

A Referee must **NOT** be a relative of the applicant

Applicants are required to nominate the name of two (2) referees, one of whom must be a current Fellow or Member of The Royal Australian College of General Practitioners.

REFEREE 1 (Surname printed in capitals)..... RACGP No:
Practice address:
Signed:..... P/code:..... Phone No:(.....)..... Fax No:(.....)

REFEREE 2 (Surname printed in capitals)..... RACGP No:
Practice address:
Signed:..... P/code:..... Phone No:(.....)..... Fax No:(.....)

DECLARATION

I hereby agree, if so required, to appear for an interview by the Censor in Chief,
I hereby give an undertaking that on admission to The Royal Australian College of General Practitioners I will:
• Uphold and promote to the best of my ability the aims and objectives of the College;
• Observe the provisions of the Memorandum and Articles of Association and such Regulations and By-Laws of the College or its Faculties as may, from time to time, be in force; and
• Undertake the College requirements for Quality Assurance and Continuing Professional Development (QA&CPD).
I declare that the information I have provided on this application form and its attachments is correct.

SIGNATURE: Date:...../...../.....

PRIVACY POLICY: The RACGP has a Privacy policy that reflects the recent changes in Federal and State privacy legislation. You may obtain a full copy of the College's policy from our website: www.racgp.org.au

OFFICE USE ONLY

National Fellowship Officer

Registration ConfirmedYes (Please Circle).... No..... (Please Circle)

Fees Paid

Annual Subscription \$..... Pro Rata \$.....

Payment forwarded to FinanceDate

Signature

CENSOR IN CHIEF

Application ApprovedYes No..... Deferred.....

Signature Date/...../.....

