



CPR Theory Online and Practical Assessment

Registration form

Please print letters
Use black or blue pen
Place **X** in all applicable boxes

Section A: Delegate information

Title First name Surname

RACGP No Organisation

Billing address Postcode

Telephone Fax number Mobile number

Email Date of birth / /

Gender
Male Female

Are you an RACGP member? Yes No
Where is your main practice based? Urban Rural

Which of the following categories apply to you?

Fully registered general practitioner General practice registrars Intern/junior doctor GP anaesthetist
Proceduralist GP VMO (Visiting medical officer) Other medical practitioner (please specify)
Practice nurse Practice manager Practice staff member

Are you an International medical graduate?

If so: In which country did you gain your medical degree?

Do you have an Australian medical registration? Yes No

What is the size of your practice?

Small (1-3 GPs) Medium (4-9 GPs) Large (10+ GPs)

Is your practice located close to a local hospital or accident and emergency facility?

Yes No

Section B: How did you hear about the Accredited CPR Activity?

College publication Division of general practice gplearning website RACGP email RACGP Fridayfacts
Regional training provider Word of mouth Other (please specify)

