

This application is designed to assist you to apply for an exemption for the FARGP rural general practice community-focused project. Please complete the following information.

Please note that if you wish to submit this application for exemption prior to enrolment, this process may incur an administrative fee. This fee will be deducted from the enrolment fee, upon enrolment.

---

## Section A: Candidate information

Name RACGP no.

---

## Section B: Self assessment

Please answer the following four (4) questions related to your previous studies or experiences:

- |  |     |    |
|--|-----|----|
| 1. Have you completed post-graduate studies in public health or health promotion such as a Master in Public Health?<br><i>(you will be required to submit copies of your parchment and academic transcript)</i>                                      | Yes | No |
| 2. Have you completed post-graduate studies in Aboriginal Health or another relevant university course that included a community based needs assessment?<br><i>(you will be required to submit copies of your parchment and academic transcript)</i> | Yes | No |
| 3. Have you written a research based Journal Article or Conference Paper that has been peer reviewed and published?<br><i>(you will be required to submit copies or the reference details of the published article or conference paper)</i>          | Yes | No |
| 4. Have you completed the FARGP ARST curricula in 12-months Aboriginal and Torres Strait Islander Health (2014)  | Yes | No |

*If you answered 'yes' to one or more of these questions, you may be eligible for an exemption.*

*Please submit completed exemption application and supporting evidence to:*

*Email [fargp@racgp.org.au](mailto:fargp@racgp.org.au) or Fax 03 8699 0598*

## Section C **Personal reflection**

**For all candidates applying for an exemption please provide the following**

In 150 words please describe why/how your studies/work meets the requirements for the FARGP rural general practice community project and its relevance to your rural community.

---

## Section D: **Declaration**

I declare that the information provided in this application for an exemption from the FARGP rural general practice community-focused project is true and accurate.

**Signature of candidate**

**Date**

**For further information please contact the FARGP team on 1800 636 764**