

This application is designed to assist you to apply for an exemption for the FARGP 6-month ‘working in rural general practice’ community-focused project. Please complete the following information.

Section A: Department/unit details

Name	RACGP no.
Name	RACGP no.

Section B: Self assessment

Please answer the following questions related to your previous studies or experiences:

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| 1. Have you considered the overall staffing needs of the work area, and have you explored job share, such as a Master in Public Health?
<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?
<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?
<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 12-months Aboriginal and Torres Strait Islander Health FARGP ARST curriculum? | Yes | No |

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

Please complete the details at Section C of this form and submit your evidence to **Email: fargp@racgp.org.au or Fax: 07 3391 7009.**

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 'working in 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 6-month 'working in 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

For Office Use Only	Date Received:
Sent To Rural Censor:	Approved/Rejected: