
Section 4: Regional Training Organisation (RTO) details

| | |
|---|---------------------------|
| RTO Name | RTO RAGCP No |
| Address | Postcode |
| Telephone | Fax number |
| Name of medical educator assigned to this registrar | Medical educator RAGCP ID |
| Medical educator email | |
| Email for RTO contact person for FARGP communications | |
| Email for RTO finance/accounts receivable contact | |

Section 5: Initial Advanced Rural Skills Training (ARST) post details

If you are currently enrolled in the FARGP and have not provided RACGP Rural with your chosen ARST discipline or ARST post at the time of enrolment, please complete this section.

What discipline of advanced rural skills training is being undertaken?

- | | |
|--|--|
| Aboriginal and Torres Strait Islander health | Mental health |
| Adult internal medicine | Obstetrics |
| Anaesthetics | Small town rural general practice |
| Child and adolescent health | Surgery |
| Emergency medicine | Other, and its relevance to rural general practice |

Is this post accredited?

No Please contact RACGP Rural – a general practice registrar cannot be placed into a training post that is not accredited.

Yes Which organisation accredited the post? Date
Which RTO, specialist medical college, university, JCC or other appropriate organisation has accredited this post.

Title of the ARST curriculum to be followed

Hospital / practice name

Supervisor name

Supervisor credentials

Section 6: Demographics of patients presenting at ARST post

To be completed by ARST for FARGP post supervisor

Please indicate the percentage of total patients you see in an average week from the following categories:

| | | | |
|--------|-------------|-------------|--|
| Male | 0-4 years | 26-64 years | Aboriginal |
| Female | 5-15 years | 65 years + | Torres Strait Islander |
| | 16-25 years | | Culturally and linguistically diverse background |

Please indicate the percentage of total patients you see in an average week in the following settings:

In the practice

In a nursing home

In the patient's home

In hospital

Other (please specify):

What are the five most common presentations you see in an average week (from most common to least common)?

Section 7: **Change of ARST discipline**

If you have previously notified RACGP Rural of your ARST discipline and now wish to update/modify/change your discipline, please complete this section:

Previous ARST

New ARST

Length of new ARST

6 months

12 months

Hospital/practice name

Hospital/practice address

Supervisor

RACGP/APRAH No

Supervisor Fellowships/credentials

Section 8: **Update ARST post details**

If the details of your ARST post change, including location or primary supervisor, please complete this section:

Post

Hospital/practice name

Hospital/practice address

Supervisor

RACGP/APRAH No

Supervisor Fellowships/credentials

Is this post accredited?

Yes Which organisation accredited the post?

Date

No Please discuss with your RTO as a registrar cannot complete an ARST at a training post that is not accredited.

Section 9: Registrar and RTO declaration

Registrar signature

RTO representative signature

Date

Date

I declare that the ARST details provided on this form are true and correct and are being undertaken at an accredited training post. By signing this declaration both the registrar and RTO are committed to providing updated details to RACGP Rural should details about this ARST change.

Section 10: ARST posts' discipline specific supervisor details and declaration

Name

RACGP or AHPRA no.

Fellowship/s supervisor holds (eg. FRACS, FACEM, FRACGP/FACRRM)

Telephone

Email

Supervisor declaration

- I have not been removed from the register for conduct, health or performance reasons under any jurisdiction at any time in my career.
- I am not currently under investigation or the subject of disciplinary proceedings under any jurisdiction.
- I am not currently subject to any conditions, limitations or restrictions from any jurisdiction.
- I will ensure that the registrar has adequate insurance coverage and is registered with the state or territory medical council for the clinical work to be undertaken.
- I agree to meet all the relevant standards as stated in the RACGP *Standards for general practice trainers* (available at www.racgp.org.au/vocationaltraining/standards) and to assist the registrar to meet their learning plans for the terms undertaken.

Supervisor signature

Date

How to lodge this form

Email, fax or post this form to:

RACGP Rural

Email fargp@racgp.org.au
Phone 1800 636 764
Fax 03 8699 0598
Address 100 Wellington Parade,
East Melbourne VIC 3002

RACGP Rural office use only

RACGP Rural Censor has approved this enrollee's ARST for FARGP post.

Yes

No

Extra details:

FOR OFFICE USE ONLY

RACGP NO (BILL TO)

BATCH NO.

ORDER NO.

INVOICE NO.