

Expression of interest for application to RACGP exam panel

Please complete this form and return via email to: **wa@racgp.org.au**

The RACGP has a rigorous quality assurance process in place, to ensure the delivery of consistent and high quality assessments, both of which ensure the protection of the reputation of the RACGP and its assessments, which extends to the examiner recruitment and retention process. The RACGP's standing policy precludes the engagement of examiners who have conditions on their medical registration or who are the subject of an investigation and/or disciplinary action brought against them, cannot commence nor continue to examine in RACGP assessments.

Do you have any conditions and/or restrictions on your medical registration? Yes No

YES – We are unable to proceed with the application: you may re-apply when all conditions and/or restrictions have been removed.

NO – Please proceed with the application.

Do you hold current medical registration? Yes No

Please state your AHPRA medical registration number:

1. Applicant details

| | | |
|-----------|---------------|--------------------|
| Title | First name | Surname |
| RACGP no. | Date of birth | Date of Fellowship |
| Address | | Postcode |
| Telephone | Fax number | Mobile number |
| Email | | |

2. Involvement in general practice training

Period of involvement from to

Please provide details of the extent of your involvement in general practice training and trainees

Please provide details of any other experience of teaching, training or supervision

3. Examination experience

Please provide details of your experience in examining:

Undergraduate

Postgraduate

Other

4. Are you currently in general practice?

Yes

No

Please provide a brief summary.

5. Please provide contact information for two referees

Referees should be current RACGP Fellows and OSCE Examiners.

| | |
|-----------|----------|
| Name | Name |
| Position | Position |
| Practice | Practice |
| Email | Email |
| Phone | Phone |
| Signature | Date |