


Application form – Membership



Overseas-registered medical practitioners
1 July 2020 to 30 June 2021

ACN 000 223 807 ABN 34 000 223 807

Please print letters. Use black or blue pen and place in all applicable boxes.

Please return form to:

 The Royal Australian College of General Practitioners Ltd
Reply Paid 88254
East Melbourne Victoria 8002

 03 8699 0489
 membership@racgp.org.au

RACGP number
(office use only)

Personal details

Title	First name	Last name	Preferred name	
Home address	Suburb		State	Postcode
Telephone	Fax		Mobile	
Email	Date of birth	Gender (tick one)		
		Male	Female	

I am of Australian Aboriginal or Torres Strait Islander origin

No Yes, Australian Aboriginal Yes, Torres Strait Islander Yes, both Prefer not to say

Employment details

Employment name	Employment address			
Suburb	State	Postcode	Telephone	Fax
Email	Preferred email address	Preferred postal address		
	Employment	Personal	Employment	Personal

Academic background

Primary qualification

Date Qualification University/College/Country

Other medical qualifications

Date Qualification University/College/Country

I have attached a copy of my primary medical degree (transcribed in English)

Medical registration

Medical registration number

Full Date Registration body

Provisional Date Registration body

I have attached a copy of my current overseas medical registration certificate/card (transcribed in English).

I have supplied a current Letter of Good Standing from the registering body no more than 12 months old (officially transcribed in English). This is an essential requirement for overseas registration issued more than two years ago (it is not required for overseas medical registration issued less than two years ago).

Additional options

I would like to receive RACGP news bulletins, major health information, RACGP notices including event/workshop notices and updates from the RACGP, via email or via emailed links to the RACGP website	Yes	No
I would like to join RACGP Specific Interests (free)	Yes	No
I would like to join RACGP Aboriginal and Torres Strait Islander Health (free)	Yes	No
I would like to join RACGP Rural (free)	Yes	No

Declaration

In joining the RACGP as a member, I make the following declarations for the RACGP's benefit.

- I agree to be bound by the RACGP Constitution (available at www.racgp.org.au/the-racgp/about-us/constitution), any regulations made under it and any policy issued from time to time by the RACGP that applies to members.
- I confirm that I am registered with AHPRA and satisfy all of the requirements of the RACGP's Fit and Proper Fellow Policy, available at www.racgp.org.au/the-racgp/governance/organisational-policies/fit-and-proper-fellow
- I confirm that I have read and agree to be bound by the RACGP's Privacy Policy, available at www.racgp.org.au/privacy-policy
 - I confirm the RACGP can contact me for matters relating to membership, invoices and payments, exam results, meetings of members and annual reports. I understand that I cannot unsubscribe from these types of communications as a condition of my membership and that I must provide a personal email or residential address for communications.
- I confirm the RACGP can provide my personal information to AHPRA, Medicare, Departments of Health, general practice education and training providers, and other regulators. I understand that as a condition of membership, I cannot withdraw my consent from these third-party communications by the RACGP.

I consent to the RACGP providing my contact details to third parties (including Member Benefits Australia and GP conference sponsors) to provide me with information about their goods and services. Further, I understand that I may withdraw this consent by notifying the RACGP.

I understand that I may unsubscribe from receiving marketing communications from the RACGP.

Tick this box to unsubscribe from all marketing communications from the RACGP.

Signature

Date

Membership payment

Once your application is processed, an invoice will be sent to you with your membership fee via your preferred contact method.