

Pre-Employment Structured Clinical Interview (PESCI)

Applicant declaration form

This form is to be completed and signed in the presence of an approved witness. For a list of approved witnesses, please visit the [Australian Government's Attorney-General's Department website](#).

Applicant details

First name

Surname

Address

RACGP number

Statutory declaration

The applicant makes the following declarations under the *Statutory Declarations Act 1959* (Cwlth) for the RACGP's benefit:

1. The information contained in my application will be comprehensive and accurate.
2. I hold the appropriate Australian Health Practitioner Regulation Agency (AHPRA) registration or overseas equivalent as a medical practitioner.
3. I will promptly provide all details of any past, current or pending investigation, review, inquiry or sanction by regulatory bodies in Australia or overseas.
4. I agree to indemnify the RACGP for any loss, cost or expense incurred by the RACGP as a result of any claim, action demand or proceeding arising in connection with the application, any other information I provide or any breach of this declaration. The RACGP Privacy Policy can be viewed at www.racgp.org.au/usage/privacy.

By signing this document, the applicant represents and warrants they have read and understand its terms, obligations, consents and the operation of the indemnity, having had the opportunity to obtain advice, and that they sign of their own free will.

Applicant declaration

I understand that my participation in this PESCI will assess my suitability to practice safely. In signing this declaration, I affirm that: *(Please tick boxes)*

I have read and understand the PESCI documentation provided to me, or have had the opportunity to do so.

I have read and understand the PESCI policy and handbook (available at www.racgp.org.au/education/imgs/international-graduates/pesci) and agree to comply with these.

I understand that the submission of plagiarised, false or misleading information will be handled in line with the Academic Misconduct Policy.

I understand that the RACGP's PESCI recommendation is considered together with other sources of information by the Medical Board of Australia when deciding to grant medical registration.

I understand that the RACGP might seek to verify information without notifying me.

I understand that I accept full responsibility for ensuring the contents of my application are complete, true and correct, and I am accountable for any errors and inconsistencies. This includes third-party evidence.

I understand that the RACGP will conduct the PESCI remotely using the videoconferencing platform, Zoom.

I understand that I am required to arrange a venue that provides the necessary technical equipment and support to conduct the PESCI.

I understand that the RACGP will provide a recommendation to AHPRA on the basis of the designated position's requirements and my PESCI performance.

I understand that the PESCI is confidential, and agree not to disclose or discuss with anyone anything relating to any questions asked or any other PESCI content.

Applicant's name

Date

Applicant's signature

Approved witness declaration

For a list of approved witnesses, please visit the Australian Government Attorney-General's Department [website](#).

I have sighted the original document and verify the copy presented to be a true copy of the original.

List of documents to be verified. *Please tick all that apply:*

Evidence of name change documentation (if applicable).

Translations of documents (if applicable).

The applicant has read all sections of the form and has signed in my presence on

Authorised witness name

Authorised witness qualification

Authorised witness signature