



## Applicant's details

Given name	Middle name	Surname
Name on passport	Preferred name	
Email	RACGP ID (if applicable)	
Date of birth (dd/mm/yyyy) / /	Gender	Telephone
Residential address		

## Registration

<input type="checkbox"/> Limited registration (Area of need)	<input type="checkbox"/> Limited registration (Postgraduate training or supervised practice)	<input type="checkbox"/> Provisional registration
<b>Have you previously sat for PESCI with RACGP?</b>	<input type="checkbox"/> No	<input type="checkbox"/> Yes

## Declaration

I understand 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 terms (available at [www.racgp.org.au/pesci](http://www.racgp.org.au/pesci)) and agree to comply with these.

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

I understand the RACGP will provide the outcome report of my PESCI performance to the practice(s).

I understand the RACGP's PESCI recommendation forms are only one part of the assessment pieces leading to limited registration for practice considered by the MBA /AHPRA.

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

All information supplied in this application form and the pre-employment questionnaire has been completed by me, the candidate and is true and accurate.

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

Applicant	Witness
Signature	Signature
Date	Date

Applicant: Please answer the following questions yourself about the practice in which you are applying to work. It will be beneficial to discuss these questions with your prospective employer.

A separate questionnaire is required **for each job offer**.

Applicant name

Practice name and location

1. **Have you been sent a full profile of the practice?**

No      Yes

2. **Have you visited the practice?**

No      Yes

3. **How many doctors work in the practice?**

4. **What other staff work in the practice? (i.e. nurses, receptionists, practice manager, etc.)**

5. **What will your work roster be? (Rostered days and hours for a typical week.)**

6. **At commencement of employment, what is the expected number of patients you will see per hour?**

7. (a) **Are you required for after-hours work?**

No      Yes

7. (b) **What are the supervision arrangements during this time?**

8. (a) **Is this a multidisciplinary practice?**

No      Yes

8. (b) **What other services are provided?**

9. What allied health services are available locally?

10. Where is the nearest hospital with specialist services?

11. Will you be visiting or working at any local hospital in any capacity? (If yes, outline all proposed involvement and supervision.)

No            Yes

12. Will you be visiting patients in aged and community care? (If yes, outline all proposed involvement and supervision.)

No            Yes

13. Will you be involved in supervised home visits? (If yes, outline all proposed involvement and supervision.)

No            Yes

14. What information do you have about the local community?