

Documents required

Incomplete submitted documentation will not be processed.

The following documents **must** be submitted when lodging this application form (checklist).

- Position description (RACGP format)
- AHPRA formatted Curriculum Vitae
- AHPRA Supervised Practice Plan
- A copy of the passport details page
- EICS verification
- AMC MCQ completion certificate
- English test passed within the last two years OR AHPRA registration

If applying for Provisional registration, please also provide proof of completed AMC Clinical component.

Filling in this application form

- Complete all sections
- Print in BLOCK LETTERS

Returning your application form

Check that you have completed all sections, signed and dated this application form.

Scan and email the completed form and documents to **sant.pesci@racgp.org.au** (for SA&NT Faculty) or **tas.admin@racgp.org.au** (for Tasmania Faculty).

You will be notified of your PESCI date, once application and supporting documents have been processed.

Section A: Applicant's details

Title	First name	Surname	
Email			RACGP no.
Date of birth (dd/mm/yy)	Gender		Telephone
	M / F		
Residential address			
Work address			

Section B: Registration

Limited registration
(Area of need)

Limited registration (Postgraduate
training or supervised practice)

Provisional registration

Additional information for consideration

Have you previously sat for PESCI with RACGP?

Yes

No

Applicants should be prepared to undertake PESCI from the time the application form is lodged.

Video conference is currently only available in Tasmania Faculty, please contact Tasmania Faculty for more details. Additional costs apply for video conference facility.

Section C: Application selection

PESCI interview

PESCI Outcome Review

PESCI Appeal

Section D: Payment

Date

RACGP no.

Payment type

Credit card (an invoice will be provided for payment)

Cheque (make cheques payable to The RACGP)

This form will become your tax invoice upon payment. ABN 34 000 223 807. Please keep for your records.

Section E: Pre-employment questions

To assist with your preparation for the GP Clinical Assessment, please answer the following questions yourself about the practice in which you are applying to work.

Please remember to sign this document before returning it to the RACGP.

It will be beneficial to discuss these questions and answers with your prospective employer.

1. What will your work roster be? (Rostered days and hours)

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

3. How many doctors work in the practice?

4. What other staff work in the practice? (ie. nurses, receptionists. Practice Manager, etc.)

5. Is this a multidisciplinary practice? What other services are provided?

6. What are the after-hours arrangements?

7. What Allied Health services are available locally?

8. Where is the nearest hospital with specialist services?

9. Will you be looking after nursing home patients? (at commencement of employment)

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

11. Do you have information about the local community?

12. Have you visited the practice?

Section F: Declaration

Pre-Employment Structured Clinical Interview (PESCI)

I, _____, understand my participation in this PESCI for the _____ position(s) (as outlined in the position description) will assess my suitability to practice safely.

In signing this declaration, I acknowledge and agree:

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), and agree to comply with these

I understand the RACGP will provide a recommendation to the Medical Board of Australia (MBA) and the Australian Health Practitioner Regulation Agency (AHPRA) on the basis of the designated position's requirements and my PESCI performance

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 the RACGP's PESCI recommendation may be made available to my sponsor and/or workforce agency

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

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

Applicant (please print in BLOCK letters)

Witness (please print in BLOCK letters)

Signed

Signed

Date