

Section 1: Personal details

Name RACGP ID no.

Home address

Email Mobile

Section 2: Current training details

Training Organisation

Current pathway

- Rural
- General

Stage of training

Section 3: Advanced Rural Skills Training (ARST)

Have you completed an ARST?

- Yes
- No

If yes, please provide the following details:

Discipline (ie emergency medicine, palliative care)

Name of training post/hospital/organisation

Date of completion

If no, do you have a training position secured?

Yes

No (Go to section 4)

Discipline (ie emergency medicine, palliative care)

Name of training post/hospital/organisation

Date of commencement

Section 4: General practice terms

Where have you completed your general practice terms to date, if applicable (include MMM classification)?

Section 5: Declaration

Registrar name

RTO authorised officer name

Registrar signature

RTO authorised officer signature

Date

Date

Section 6: RACGP Rural Censor approval (for RACGP use only)

Rural Censor name

Rural Censor signature

Date