

Authorised Representative Form

This form is used for the purposes of the Australian General Practice Training (AGPT) Program ONLY

Purpose of form

Applicants who wish to authorise another representative (person or organisation) to enquire on their behalf in regards to their AGPT application must fill in the below form.

Applicants can only nominate ONE person to enquire on their behalf.

Authorised representatives must be over 18 years old.

IMPORTANT: Applicants can remove an authorised representative from acting on their behalf at any time. Applicants will still be able to enquire into their own application if they nominate an authorised representative.

Please fill out this form in **BLOCK LETTERS WITH BLUE OR BLACK INK ONLY**.

Send form via email to AGPTEligibility@racgp.org.au

Australian Privacy Principle 5 Notification – for applicants

The Department and the Royal Australian College of General Practitioners (RACGP) is collecting your personal information to allow you the flexibility to authorise a representative to make an enquiry on your behalf with the RACGP or Department regarding your application, according to the level of authority you wish to provide. If you do not provide all of the personal information requested, the Department or RACGP will not be able to accept your application to appoint an authorised representative and any communication about your application must be with you only (however, note that this will not affect your application for the AGPT Program).

Australian Privacy Principle 5 Notification – for authorised representatives

The Department and RACGP is collecting your personal information for the purpose of allowing the AGPT applicant to authorise you to act as their representative in managing their AGPT Program application, according to the level of authority, specified by the applicant. If you do not provide the personal information requested, the Department or RACGP will not be able to accept the application for you to be the authorised representative of the applicant. This means you will not be permitted to make an enquiry with the Department or RACGP regarding the application.

The Department has an APP privacy policy which you can read at: [health.gov.au > Privacy policy](https://health.gov.au/privacy-policy)

The RACGP has a privacy statement which you can read at: <https://www.racgp.org.au/privacy-policy>

These policies contains information on how the Department and RACGP holds your information and how you may seek to correct any of information held by the Department or RACGP. This applies to all personal information 'collected' about yourself, either directly from yourself or from a third party.

The Department's privacy policy also contains information on how you may complain about a breach of the Australian Privacy Principles or a registered APP Code that binds the Department and how the Department will deal with such a complaint.

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Further information:

Contact the Eligibility team on:

1800 4RACGP | 1800 472 247 or
+61 (03) 8699 0300, Monday to Friday
8:30am to 5pm AEDT/AEST

Part A:

Applicant ID

Date / /

1. Your name

Dr Mr Mrs Miss Ms Other

Surname:

First name:

Maiden name:

Other names:

2. Date of birth / /

3. Drivers License no.

4. Telephone no. (BH)

Telephone no. (AH)

5. Contact email

6. Authorised representative arrangements

Please indicate the level of authority your nominated authorised representative is given:

Authorised representative permitted to enquire (level 1)

(Authorises your representative to only **enquire** about the status of your AGPT application at any stage)

Authorised representative permitted to enquire (level 2)

(Authorises your representative to **enquire** and **discuss** all aspects of your AGPT application)

Authorised representative permitted to enquire (level 3)

(Authorises your representative to **enquire, discuss** and **make decisions** in regards to your AGPT application on your behalf)

*Applicants should only nominate authorised representatives with level 3 authorisation in circumstances where it is difficult for the applicants to make decisions in regards to their application. This level of authorisation enables the authorised representative to act on behalf of the applicant in all decisions required throughout the selection process).

Part B:

7. Your authorised representative's name

Dr Mr Mrs Miss Ms Other

Surname:

First name:

8. Relationship to applicant

9. Telephone no. (BH)

Telephone no. (AH)

10. Relationship to applicant

11. Applicant's signature

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Your signature:

Date / /

12. Authorised representative's signature:

I accept the responsibilities and obligations given to me by the applicant to act only within the level of authority the applicant has nominated in regards to the applicants AGPT application.

Authorised representative's signature:

Date / /