

Statutory Declaration

Statutory Declarations Act 1959

Name Change

This statutory declaration is for the purposes of the Australian General Practice Training (AGPT) Program. This statutory declaration is ONLY for applicants who have differing names on their supporting documentation.

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

PLEASE READ AND MAKE SURE YOU UNDERSTAND THE FOLLOWING STATEMENTS BEFORE COMPLETING THIS DECLARATION.

- A. A person who intentionally makes a false statement in a statutory declaration is guilty of an offence, the punishment for which is imprisonment for a term of four years – see section 11 of the *Statutory Declarations Act 1959*.
- B. Chapter 2 of the Criminal Code applies to all offences against the *Statutory Declarations Act 1959* – see section 5A of the *Statutory Declarations Act 1959*.

I make the following declaration under the *Statutory Declarations Act 1959*

I, (insert full name)

Of (insert current address)

In the State or Territory of Australia

Occupation:

DECLARE as follows:

1. I am an applicant applying for a training place in the AGPT Program in (year) .
2. I am known by the following names (Please insert below **all** names by which you are known, including the name you have used above):
 - i.
 - ii.
 - iii.
 - iv.
 - v.
 - vi.
3. I declare the aforementioned listed names refer to one and the same person.
4. I understand if I provide false and/or misleading information that this may constitute notifiable conduct,¹ which may result in me being withdrawn from training and/or notification to the Medical Board of Australia and/or Australian Health Practitioner Regulation Agency (AHPRA).

PLEASE ENSURE YOU UNDERSTAND THESE STATEMENTS BEFORE SIGNING

5. I understand that a person who intentionally makes a false statement in a statutory declaration is guilty of an offence under s.11 of the *Statutory Declarations Act 1959*.
6. I believe that the statements I have made in this declaration are true in every particular.

THIS DECLARATION is made by me on the (day) day of (month) (year)

Applicant Signature:

Applicant Full Name:

Declared at (place)

BEFORE ME:

Signature of witness[†]

For a full list of accepted witnesses please visit the [Attorney General's website](#).

Full Name:

Qualification:

Witness:

Address:

Street Number:

Street Name:

Suburb:

State/Territory:

Postcode:

Telephone Number:

Please return completed declaration to:

RACGP – Email: agpteligibility@racgp.org.au

This statutory declaration is for the purposes of the Australian General Practice Training (AGPT) Program.

[†] See Health Practitioner Regulation National Law Act 2009 as applied by the States and Territories

[†] Statutory declarations can only be accepted if witnessed by an authorised authority. For a full list of witnesses please visit the [Attorney General's website](#).