

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 2022.
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provide false and/or misleading information that this may constitute notifiable conduct¹, which may result in me being withdrawn from training and/or notification to the Medical Board of Australia and/or Australian Health Practitioner Regulation Agency (AHPRA).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) 2021

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:

ACRRM – Ph: 1800 223 226 | Email: agpt@acrrm.org.au

RACGP – Ph: 1800 472 247 | Email: agpteligibility@racgp.org.au

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

¹ 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](#).