



Statutory Declaration

Statutory Declarations Act 1959

Foreign Graduate of an Accredited Medical School (FGAMS) temporary residents

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

This statutory declaration is ONLY for applicants who are FGAMS on a Temporary Skills Shortage (TSS) 482 visa, 457, 494 or 491 visa subclass.

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 2021.
2. I currently have:
 - (i) Lawful residence¹ in Australia under a temporary visa.
3. I currently hold or expect to hold (by the commencement of the 2021 training year)
 - (i) General Registration with the Medical Board of Australia.
4. I have applied or intend to apply for permanent residence under one of the following visas, namely:
 - (i) Employer Nomination Scheme^{*}
 - (ii) Regional Sponsored Migration Scheme^{*}
 - (iii) Other sponsored or independent visa schemes^{*}
5. Prior to the completion of my training, I expect to satisfy the residence requirements for conferral of permanent residency of Australia or citizenship of Australian or New Zealand². I am aware that if I fail to provide documented evidence of obtaining my permanent residency of Australia or citizenship of Australia or New Zealand prior to the completion of my training, my Regional Training Organisation will withhold my certificate of completion and the Department of Health reserves the right to withdraw me from the AGPT Program.
6. I am not aware of anything that would preclude me from meeting the Health or Character and Penal Clearance Requirements of permanent residency of Australia or citizenship of Australian or New Zealand³.



7. I understand if I provide false and/or misleading information that this may constitute notifiable conduct⁴ 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

8. 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*.

9. 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) _____ 2020

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: _____

² Residency requirements vary between visas. For a full list of residency requirements please contact the Department of Home Affairs or visit [their website](#).

³ For additional information see the [General Skilled Migration information](#) on the Department of Home Affairs website.

⁴ 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](#).

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