

# Extended Skills / Additional Rural Skills Training Placement approval form

To undertake an extended skills placement or additional rural skills training, please complete this form and submit it to your training coordinator for review. ESPs and ARSTs must be **prospectively** approved by the RACGP.

Registrar name

Sub region

## Placement approval required for

Extended skills placement (ESP)

Complete sections **1 and 3**

Additional rural skills training (ARST)

Complete sections **2 and 3**

Please select which unit/s you will have completed prior to commencing this placement

Hospital

GPT1

GPT2

GPT3

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## Section 1: Extended skills placement (ESP)

All extended skills training sites and supervisors, including hospital disciplines, **must** be accredited prospectively for training by the RACGP. The accreditation process may take up to six months. Please select the type of ESP you intend to complete

Community non-GP based

Please specify discipline

Hospital

(disciplines must align with curriculum)

Please specify discipline

Rural Generalist (RG) registrars: are you using this hospital placement as your Core EMT?

Yes

No

An extended skills placement in emergency may support requirements for the core emergency medicine training (Core EMT) component for the RG Fellowship.

Is the ESP

Full time

Part time, please specify hours:

If part time, do you intend on completing a concurrent part time community GP placement?

Yes

No

Have you been offered a position at the extended skills site?

Yes

No

Why do you believe this is the best time in your GP training for you to complete this placement?

Please list your learning goals for this placement?

What skills do you aim to develop and how will you maintain these skills? For example, outline any workshops, in-practice teaching, conferences, courses, or online activities you intend to undertake during the term

How do these skills relate to the general practice [curriculum](#)?

## Section 2: Additional rural skills training (ARST)

Please select from the following

- Aboriginal and Torres Strait Islander health
- Academic post
- Adult internal medicine
- Anaesthesia
- Child health
- Emergency medicine
- Mental health
- Obstetrics
- Palliative care
- Surgery
- Small town rural general practice
- Other (please discuss with your training coordinator prior to submission)

Have you been offered a position at the ARST site?

Yes      No

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## Section 3: Details of the proposed placement

Commencement date or semester, e.g. semester 1 2026, and expected completion date

I have discussed this application with my medical educator

Yes      No

Facility name

Facility address

Supervisor name

Supervisor email address

Supervisor Ahpra number

Registrar signature

Date

Internal use only

Placement endorsement

Training coordinator or rural training team delegate name

Signature Date

Placement approval

Medical educator or delegate name

Signature Date