RACGP
Royal Australian College of General Practitioners

Complete this form to request registration of an Approved Placement on the Australian College of Rural and Remote Medicine (ACRRM) Fellowship Program or the Royal Australian College of General Practitioners (RACGP) Fellowship Programs on the Register of Approved Placements under section 3GA of the *Health Insurance Act 1973*.

Applicants who have an existing Medicare provider number (provider number) can use this form to request an additional provider number and/or prescriber number or extend an existing provider number for the location and duration of the Approved Placement.

Where an applicant does not have an existing provider number, the applicant must also complete an Application for a Medicare provider number and/or prescriber number for a medical practitioner form (HW019) available from the Services Australia website (https://www.servicesaustralia.gov.au/hw019).

Applicant Details

***Note:** Questions 1, 2, 3 are **mandatory**. Please ensure your name matches your Ahpra registration.*

1 Dr ☐ Mr ☐ Mrs ☐ Ms ☐ Miss ☐ Mx ☐ Other ☐

Family Name

First given name

Second given name

2 Date of birth DD MM YYYY

3 Your gender Male ☐ Female ☐ Non Binary ☐

4 Previous/existing provider number

5 Postal Address

Post Code

6 Business phone number

7 Mobile phone number

8 Email Address

9 Ahpra registration number

Residency Status

10 What is your current residency status?

Born in Australia ☐

Australian Citizen ☐

Date you became an Australian Citizen DD MM YYYY

OR

Permanent resident ☐

Date you became a permanent resident
If born in Australia provide date of birth DD MM YYYY

OR

Temporary resident ☐

Note: Date you became a Temporary Resident is not required.

11 Are you a New Zealand citizen or New Zealand permanent resident?

Yes ☐ No ☐

Note: Please note that you **must immediately notify Services Australia** of any **change in your residency status** and supply evidence of Australian permanent residency/ Australian citizenship with your application. If you have had a **change in residency** since your last application with Medicare, **please supply a copy of your evidence.**

Approved Placement Details

12 Date From DD MM YYYY

Date To DD MM YYYY

Note: 3GA placements cannot be backdated beyond the date of receipt by Services Australia.

13 Practice Name

14 Practice Street Address (this is the location for the registrar provider number)

Post Code

15 Telephone number

16 Which program are you requesting registration of an Approved placement for?

Australian General Practice Training (AGPT) Program ☐

Remote Vocational Training Scheme (RVTS) ☐

RACGP Fellowship Program ☐

ACRRM Fellowship Program ☐

ACRRM Independent Pathway ☐

17 Are you transferring from another program

ACRRM Fellowship Program ☐

ACRRM Independent Program (ACRRM IP) ☐

Australian General Practice Training (AGPT) ☐

Approved Medicare Deputising Service Program (AMDS) ☐

More Doctors for Rural Australia Program (MDRAP) ☐

Pre Fellowship Program (PFP) ☐

RACGP Fellowship Program ☐

Remote Vocational Training Scheme (RVTS) ☐

Queensland Country Relieving Doctors Program (QCRDP) ☐

Temporary Resident Other Medical practitioners Program (TROMPS) ☐

Practice Information

18 Is the practice a government funded service covered under a S19(2) and/or 19(5) Exemption in the *Health Insurance Act 1973*?
(For information about S19(2) and 19(5) Exemptions go to **legislation.gov.au**)

No ☐

Yes ☐
(select appropriate option)

Aboriginal or Torres Strait Islander Health Service or Aboriginal Medical Service ☐

Headspace Centre ☐

Medicare Urgent Care Clinic ☐

Organisation Site ID:

Business details relating to your employment at this location

19 Australian Business Number (ABN)

Australian Company Number (ACN)

20 Registered (entity) business name

21 Your employment status at this location is (select 1 only)

Self		**Employee**	
Individual proprietor	☐	Salaried	☐
Sole trader	☐	Contracting organisation	☐
Joint owner in a partnership	☐		

22 Business Type (select 1 only)

Individual Proprietor	☐	State Government	☐
Partnership	☐	Territory Government	☐
Unincorporated Association	☐	Other public body	☐
Company	☐		

23 Premises type (select 1 only)

Hospital – Public	☐	Educational Institution	☐
Hospital – private	☐	Residential care facility	☐
Practice – general practice	☐	Other community health care services	☐
Practice – other private practice	☐	Home	☐
Mobile	☐		

Bank account information

24 Name of bank, building society or credit union

Branch number (BSB)

Account Number

Account held in the name(s) of

All payments are made through Electronic Funds Transfer (EFT). Payments **cannot** be made via EFT if the nominated account has a restrictions on EFT.

The nominated account for this location will be used for both Medicare and the Department of Veterans' Affairs benefit payments.

25 Does this practice use Medicare Online?

Yes ☐ No ☐

Practice Management Software Location ID

26 Does this practice use Medicare Easy claim?

Yes ☐ No ☐

Name of financial institution that supplied the EFTPOS device.

27 College Authority (FOR OFFICE USE ONLY)

RACGP

Full Name

Position

Date DD MM YYYY

Services Australia Privacy Notice

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your application and payments, and provide services to you under the *Health Insurance Act 1973* and *National Health Act 1953*. Your personal and sensitive information may be disclosed to the Department of Health and Aged Care, the Department of Veterans' Affairs, private health funds, the Medical Board and other approved organisations including for purposes of research and investigations. We only share your information with other parties where you have agreed, or where the law allows or requires it.

For more information, go to **servicesaustralia.gov.au/privacy**

Medical practitioner's declaration

I authorise:

- my college to provide my information to Service Australia.

I declare that:

- I have read Services Australia's Privacy Policy Notice on this form
- I have read **servicesaustralia.gov.au/hpmedicarebenefits** and understand my legislative requirements on the use of my Medicare provider number
- the information I have provided in this form is complete and correct
- I have read and understood the information regarding my access to the General Practitioner Medicare Benefits items listed in the Medicare Benefits Schedule (MBS), including the Group A1 attendance and relevant procedural items.

I understand that:

- giving false or misleading information is a serious offence under the *Criminal Code Act 1995*
- the information I have provide in this form may be subject to scrutiny through the relevant compliance and audit arrangements
- access to MBS items is limited to services provided at the approved training practice nominated in this application.

Medical practitioner's full name

Medical practitioner's signature

Date DD MM YYYY

College Declaration

I certify that the applicant is an enrolled GP Registrar in the Australian General Practice Training (AGPT) Program

and that the details regarding the applicant's approved training placement in general practice on this application form are accurate and correct.

I state that, for the purposes of paragraph 3GA(5)(a) of the Health Insurance Act 1973:

- the Applicant is enrolled or undertaking the Royal Australian College of General Practitioners (RACGP) Fellowship Program
- the information specified in Section A regarding the period over which, and the location in which, the Applicant will be undertaking the Program is complete and correct.
- the Applicant holds medical registration with AHPRA that allows them to practice in the approved location.

I declare that:

I am authorised to provide and verify these details on behalf of the RACGP and that, according to the best of my knowledge, these details are complete and correct.

I acknowledge that:

giving false or misleading information is a serious offence.