

# AGPT Rural Pathway Exemption Application form



RACGP

This form is for applicants subject to 19AB who wish to train on the AGPT General Pathway.

For inquiries or applications related to the 19AB exemption, please contact the Department of Health directly.

## Applicant details

Full name

AHPRA number

Date of birth

<input type="text"/>	<input type="text"/>
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Street address

Postal address (if different from above)

Email

Mobile

## Extenuating circumstances category

Please specify the extenuating circumstance category you are seeking an exemption for:

- Medical circumstances (see page 2)
- Adverse life event or family circumstances (see page 4)

### Please note:

All exemption applications including all related evidence must be emailed to [exemptions@racgp.org.au](mailto:exemptions@racgp.org.au)

Exemption application outcomes will be available not less than 20 business days from the date a full application and all required evidence has been received.

Approved exemptions provide the applicant with approval to apply for a general pathway position. All AGPT positions are offered on a merit selection basis and therefore an approved exemption is not a guarantee that the applicant will be offered an AGPT place.

Exemption application outcomes are relevant for AGPT selection only. Exemptions are valid only for the duration of the AGPT program.

Exemption applications for all intakes close on the same date as applications for AGPT program.

All applications received on or before the closing date for that intake will receive their outcome in time to adjust placement pathway and location preferences.

We may continue processing exemption applications received after the closing dates; however, the outcome may not be available in time for that intake.

## Medical circumstances (complete if applicable)

Please specify the extenuating circumstance category you are seeking an exemption for:

- A medical condition (not including mental health) requiring access to services or treatment only available in MMM1 locations
- Significant Illness of first-degree family member
- Other

### Note to the applicant

Any medical evidence supplied must be provided by a health professional (GP or relevant specialist) who is independent, objective and has no conflict of interest in your application. The medical practitioner must:

- 1 Be an AHPRA-registered GP or treating specialist directly involved in the diagnosis or treatment of you or your significant family relation, and
- 2 Not work in your current general practice workplace nor be a prospective employer, and
- 3 Not be related to you nor have a personal connection or close relationship with you.

### Medical circumstances that will not be considered extenuating

- Self-certified illness or medical circumstances
- The evidence of a medical diagnosis for which an exemption is sought is reasonably manageable in a rural location
- A minor illness that would not normally cause a reasonable and responsible employed person to take sick leave
- An uncomplicated pregnancy or childbirth before the start date of your program
- Treatment is less frequent than once every two months

## Treating Medical Practitioner Declaration

### Details of medical evidence required to be provided by your medical practitioner:

Patient details to which the following declaration relates:

Patient name

Patient date of birth

Relationship to applicant (if not themselves)

Date of first diagnosis

Medical diagnosis, relevant to this application

Length of time a relevant specialist has been providing treatment

Treatment, treatment frequency and duration

Expected duration of illness/condition

Other relevant supported information

Medical practitioner full name

Medical practitioner qualification

Medical practitioner address

Medical practitioner provider number

Medical practitioner signature

Date

## Applicant Declaration

Please explain why the medical diagnosis or required treatment prevents you from participating in the rural pathway in an MMM 2–7 location (e.g. specialist services, such as radiotherapy are required but not available locally)

I, (insert name)

of (insert address)

Declare the details in this application are true and accurate and:

- the medical practitioner(s) providing evidence is/are known to me as a treating medical practitioner only.
- I have no professional, personal nor employer relationship with the medical practitioner.
- I understand there may be professional consequences for making a false declaration.

Applicant signature

Date

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## Adverse life events or family circumstances (complete if applicable)

### Circumstances that will NOT be considered extenuating:

- Bereavement
- Getting married or attending a wedding, festival or other personal event
- Divorce or relationship breakdown
- Financial hardship
- Stress or emotional isolation
- Mental health diagnosis for which treatment is available in MM2 - 7 locations
- Geographic isolation in an MMM 2–7 location
- Because of your age, religion, ethnicity or language skills you prefer to be placed in a metropolitan area
- You wish to access specific services (e.g. childcare, education for children) in a metropolitan area
- Circumstances for which the RACGP can make appropriate adjustments
- Circumstances that a reasonable person would view as preventable

**Please describe and provide appropriate evidence of the extenuating circumstances and their impact on you for acute adverse life or family circumstances.**

**Circumstances that may be considered extenuating:**

- Court mandated custody arrangements.
- Spouse has a career for which employment is not available outside MM1 locations.
- Court orders preventing relocation of a child from an MM1 location.
- Court orders relocating a child to an MM1 location.
- Other factors sufficiently impactful

**Please describe the circumstances and their impact on you, ensuring that you have attached all documentary evidence to support your application.**

**Please list all supporting documents you have submitted for your Rural Pathway Exemption application.**

### **Applicant Declaration**

I, (insert name)

of (insert address)

Declare the details in this application are true and accurate and:

- the medical practitioner(s) providing evidence is/are known to me as a treating medical practitioner only.
- I have no professional, personal nor employer relationship with the medical practitioner.
- I understand there may be professional consequences for making a false declaration.
- I have read the AGPT Applicant Rural Pathway Exemption Guide and provided all required documentation.

In making this declaration I acknowledge that I am bound by the RACGP Code of Conduct that requires a high degree of professionalism and integrity in my dealings with the RACGP.

Applicant signature

Date

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