

Fellowship Ad Eundem Gradum (FAEG) is granted on the understanding that you will commence work in Australia within 6 months of being awarded FAEG. Consideration may be given to allow an extension for a further 6 months if you have experienced extenuating circumstances that were unpredictable and unavoidable. Once you have submitted this application together with supporting documentation, the Board of Censors or its delegate will make a determination as to whether you may have an extension to commence work in Australia or whether you need to re-apply for FAEG.

## Section A: Personal details

RACGP number (if applicable)	Date	Date awarded FAEG		
Title	First name	Surname		
Work telephone	Home telephone		Mobile	
Email				
Date of birth	Gender		Male	Female
Street number	Street name			
Suburb	State		Postcode (and country if applicable)	

## Section B: Additional information

I am now unable to commence work in Australia within 6 months of being granted FAEG and request an extension of:

3 months due to extenuating circumstances

6 months due to extenuating circumstances for which I can provide supporting documentation

12 months due to significant extenuating circumstances for which I can provide supporting documentation.

I will not be able to commence work in Australia within 12 months of being granted FAEG and request information on my options.

Reason for extension request:      Visa/immigration      Family circumstances      Other

## Section C: Supporting evidence (to be completed for those requesting an extension longer than 3 months)

Please provide:

- reasons for your request, including extenuating and unexpected circumstances
- information regarding your plans to commence work, including date and name of practice or workforce agency
- a summary of your application progress so far, including dates of visa submission, Australian Medical Council and workforce agency applications
- supporting documentation, eg. job offer or commencement letter with start date, visa or medical certificate (if relevant).

## Section D: Declaration

I declare that:

- the information provided on this application form is true and accurate
- I understand that as mentioned in the privacy charter, the RACGP may disclose information about me to other service providers and third parties to carry out activities on the RACGP's behalf such as a mailing house, examiners and other assessors.

Signature of applicant

Name of applicant (please print clearly)

Date

## Section E: Payment

FAEG extension application \$80 AUD

All prices quoted include GST. ABN 34 000 223 807. Please keep for your records.

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Upon receipt of this form an invoice will be issued for payment.

Please return to RACGP Fellowship Services  
100 Wellington Parade, East Melbourne VIC 3002 or Email: [racgpeducation@racgp.org.au](mailto:racgpeducation@racgp.org.au)

### OFFICE USE ONLY

APPLICATION APPROVED	YES	NO	DATE APPLICATION APPROVED
LENGTH OF TIME APPROVED	3 MONTHS	6 MONTHS	12 MONTHS
ALL DOCUMENTS RECEIVED	YES	NO	
APPROVED BY			