



PERSONAL DETAILS

Full Name

(“*Applicant*”)

RACGP ID

Address

**THE APPLICANT MAKES THE FOLLOWING DECLARATIONS UNDER THE STATUTORY DECLARATIONS ACT 1959 (CTH)
FOR THE RACGP'S BENEFIT:**

1. The information contained in my Application will be comprehensive and accurate.
2. I hold the appropriate AHPRA registration or Overseas equivalent as a medical practitioner
3. I will promptly provide all details of any past, current or pending investigations, review, inquiry or sanction by the Australian Health Practitioner Regulation Agency, Professional Services Review Director, Law Enforcement Agencies, Medicare Australia or any other similar body in relation to my professional practice or behaviour in Australia or overseas.
4. I consent to the RACGP collecting, using and disclosing my personal information for the purposes of administering my membership, managing my registration and education (including liaising with AHPRA, Medicare and training organisations as necessary, and RACGP bodies corporate such as RACGP Oxygen Pty Ltd). I understand I may withdraw my consent to this disclosure by notifying the RACGP but that this may impact on my Application progressing.
5. I agree to indemnify the RACGP for any loss, cost or expense incurred by the RACGP as a result of any claim, action demand or proceeding arising in connection with the Application, any other information I provide, or any breach of this declaration.

The RACGP Privacy Statement can be viewed at www.racgp.org.au/usage/privacy.

**BY SIGNING THIS DOCUMENT, THE APPLICANT REPRESENTS AND WARRANTS THEY HAVE READ AND UNDERSTAND ITS
TERMS, OBLIGATIONS, CONSENTS AND THE OPERATION OF THE INDEMNITY, HAVING HAD THE OPPORTUNITY TO
OBTAIN ADVICE, AND THAT THEY SIGN OF THEIR OWN FREE WILL.**

VERIFICATION STATEMENT

To be completed and signed in the presence of an Authorised Witness. A list of Authorised Witnesses can be viewed at www.ag.gov.au.

Applicant's signature

Before an Authorised Witness (signature)

Declared at (address):

Authorised Witness' name

Date (day / month / year)

Authorised Witness' qualification

List of verified documents