

This enrolment form is only to be completed by applicants intending to enter the Specialist Pathway Program as a Category 3 international medical graduate (IMG). Please see [www.racgp.org.au/becomingaggp/imgos/specialist-pathway](http://www.racgp.org.au/becomingaggp/imgos/specialist-pathway) before completing this form.

Please note after completing the AKT applicants are required to have their general practice experience assessed for compliance with the eligibility requirement of 4 years general practice experience (full time equivalent). Please see [www.racgp.org.au/whatisgeneralpractice](http://www.racgp.org.au/whatisgeneralpractice) for further information.

Along with this enrolment form you will also need to provide:

- a certified copy of your primary medical degree
- a certified copy of the relevant specialist qualification (see list on the specialist pathway webpage)
- a certified copy of current medical registration from your country or jurisdiction of practice
- a certified copy of identification documentation eg passport.

If you have any questions, please contact Fellowship Services at 1800 626 901 or [racgpeducation@racgp.org.au](mailto:racgpeducation@racgp.org.au)

## Section A: Personal details

Title	First name	Surname	
Email			RACGP No (if applicable)
Work telephone	Home telephone	Mobile	
<b>Home address</b>	Preferred mailing address?	Yes	No
Street number	Street name		
Suburb	State	Postcode (and country if applicable)	
<b>Practice address</b>	Preferred mailing address?	Yes	No
Practice name			
Street number	Street name		
Suburb	State	Postcode (and country if applicable)	
<b>Other address</b>	Preferred mailing address?	Yes	No
Street number	Street name		
Suburb	State	Postcode (and country if applicable)	



## Section B: Select exam date and venue for the AKT

Select your desired date:                      2017.1 - 4 February 2017                      20 2017.2 - 15 July 2017

Select your venue preference (Indicate your first preference with '1' and your second preference with '2'):

Adelaide (SA)	Brisbane (QLD)	Canberra (ACT)	Darwin (NT)	Hobart (TAS)
Melbourne (VIC)	Perth (WA)	2 Sydney (NSW)	Townsville (QLD)	

1 Remote location: Dubai (TBC based on venue availability and candidate capacity)

## Section C: Declaration and indemnity

I declare that:

- The information provided in this enrolment form is true and accurate.
- I understand any false testament in this enrolment could result in a case of academic misconduct under the **Educational Misconduct** Policy, located at <http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies/>
- I have read, understood and agree to comply with the Fellowship Services Policies, available at [www.racgp.org.au/assessment/policy](http://www.racgp.org.au/assessment/policy)
- I have read, understood and agree to comply with the relevant contents of the Fellowship Exams Candidate Handbook, available at [www.racgp.org.au/download/Documents/Policies/Assessment/2014examhandbook.pdf](http://www.racgp.org.au/download/Documents/Policies/Assessment/2014examhandbook.pdf)
- I understand the RACGP has the right to withdraw my enrolment at its discretion.
- I understand and accept I may be allocated to an examination location other than the closest location to my preferred address, which may result in travel costs.
- I understand the RACGP reserves the right to at any time make changes to the delivery and format of an exam, postpone an exam or cancel an exam, and that the RACGP is not liable to candidates for any damages, costs, losses or expenses of any kind incurred or suffered in these circumstances.

Yes, I agree to the above terms and wish to continue with my enrolment

### Withdrawals

I understand once enrolment has been completed and confirmed any withdrawals will be subject to a withdrawal fee as per clause 5.8 of the Fellowship Exam Candidate Handbook, available at [www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies](http://www.racgp.org.au/education/fellowship/fellowship-of-the-racgp/policies)

Yes, I agree to the above terms and wish to continue with my enrolment

### Eligibility

I hold the appropriate overseas medical registration for my classification as a medical practitioner and meet the eligibility criteria before submitting an enrolment.

I undertake to promptly provide all details of any current or pending investigations, review, inquiry, charge or sanction by a Medical Board, Professional Services Review Director, Medicare Australia, Law Enforcement Agency or any similar body in relation to my professional practice or behaviour in Australia.

I understand that I must meet the eligibility criteria before submitting an enrolment.

Yes, I agree to the above terms and wish to continue with my enrolment

### Privacy

I understand RACGP may collect, use and disclose my personal information obtained in connection with exam enrolments. Disclosure may be made to other service providers and third parties to administer or assess the exam. These may include mailing houses, examiners and assessors. I have read and understand the RACGP Privacy Statement, available at [www.racgp.org.au/usage/privacy](http://www.racgp.org.au/usage/privacy), and acknowledge the RACGP will use my personal information in accordance with this.

Yes, I agree to the above terms and wish to continue with my enrolment



