

# RACGP Fellowship application attestation form



Each application for Fellowship of the Royal Australian College of General Practitioners (RACGP) must include signed attestations from both the proposer and the applicant.

## Proposer attestation

To be eligible for Fellowship of the Royal Australian College of General Practitioners (RACGP), each applicant must be proposed by a Fellow of the Royal RACGP in line with the [Fellowship policy](#).

The proposer must be a current financial member of the RACGP who:

- has not been convicted of an indictable offence in the past 10 years
- has not been suspended or removed from the Register of Practitioners in the past 10 years.

### Attestation

I hereby propose  for Fellowship of the RACGP.

To the best of my knowledge:

1. The applicant is not currently the subject of any investigation, review, inquiry or sanction by a Medical Board, the Professional Services Review Director, the Health Insurance Commission, or any similar body in relation to their professional practice or behaviour.

True  False

*Note: If you select False, the applicant must upload or provide supporting details with this form.*

2. No such investigation, review, inquiry or sanction is pending.

True  False

*Note: If you select False, the applicant must upload or provide supporting details with this form.*

I further confirm that:

- I have known the applicant for at least six months within the last 24 months and can attest to their good character during this time
- the applicant has stated to me that they will comply with all RACGP policies that apply to them
- I am a Fellow of the RACGP under clause 110(a)(xvi) of the RACGP Constitution.

### Proposer

Signature

Full name

Date

RACGP ID

### Applicant

Signature

Full name

Date

RACGP ID

## Applicant attestation and Acknowledgement

All applications for Fellowship must include a signed attestation by the applicant, in line with the [Fellowship policy](#).

Applicants must disclose all relevant information to allow the Board to assess their application. Failure to do so is a breach of the [Membership Code of Conduct](#) and makes the applicant ineligible under clause 3.1 of the Fellowship policy.

### Attestation

I declare that the information I provide to the Royal Australian College of General Practitioners (RACGP) in this application is true, complete and correct.

On admission to the RACGP, I will:

- uphold and promote, to the best of my ability, the aims and objectives of the College
- observe the memorandum and articles of association, and any regulations and by-laws of the College or its faculties that are in force
- comply with the Membership Code of Conduct
- comply with the [Practitioner Code of Conduct](#)
- meet the College requirements for [quality assurance and continuing professional development](#) (QA and CPD).

I further acknowledge that:

- I have read and continue to be bound by the [RACGP Privacy Policy](#)
- If I have paid a fee for this application, I agree to be bound by the relevant refund policy applicable to this application
- I continue to be bound by all RACGP policies as updated from time to time.

By submitting this form, I also declare that I:

- am of good character
- meet the eligibility requirements in clauses 3.1 and 3.2 of the Fellowship policy
- have disclosed all information relevant to this application, including information that enables the Board to exercise its discretion under clause 4.2 of the Fellowship policy
- confirm that all statements in this application are true and correct, and that any third-party material is genuine, true and accurate, to the best of my knowledge.

### Applicant

Signature

Date

Full name

RACGP ID

### Proposer

Signature

Date

Full name

RACGP ID