

Short-term training in a medical specialty pathway

Applicant declaration form

This form is to be completed and signed in the presence of an approved witness.

For a list of approved witnesses, please visit the Australian Government Attorney-General's Department [website](#).

Applicant details

First name

Surname

Address

RACGP ID number

Statutory declaration

The applicant makes the following declarations under the Commonwealth of Australia *Statutory Declarations Act 1959* for the RACGP's benefit:

1. The information contained in my application will be comprehensive and accurate.
2. I hold the appropriate overseas registration as a medical practitioner.
3. I will promptly provide all details of any past, current or pending investigations, review, inquiry or sanction by regulatory bodies in Australia or overseas.
4. 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 policy can be viewed at <https://www.racgp.org.au/privacy-policy>.

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.

Applicant declaration

In signing this declaration, I affirm that: (Please tick boxes)

I have read and understand the short-term training in a medical specialty pathway documentation provided to me or have had the opportunity to do so.

I have read and understand the [RACGP Short-term Training in a Medical Specialty Policy](#) and agree to comply.

I have no intention of making further applications for registration at the end of the specified training period.

It is my intention to leave Australia at the completion of the training position, which shall not be for a period of longer than two years (24 calendar months).

I understand that the submission of plagiarised, false or misleading information will be handled by the [Academic Misconduct Policy](#).

I understand the RACGP's recommendation is considered together with other sources of information by the Medical Board of Australia when deciding to grant medical registration.

I understand that the RACGP may seek to verify information without notifying me.

I understand that I accept full responsibility of ensuring the contents of my application is complete, true, and correct, and I am accountable for any mistakes, errors and inconsistencies. This includes third party evidence.

I understand the RACGP will provide a recommendation to Australian Health Practitioner Regulation Agency (Ahpra) on the basis of an assessment of the evidence submitted in my application.

Applicant's name

Date

Applicant's signature

Approved witness declaration

I have sighted the original document and verify the copy presented to be a true copy of the original.

List of documents to be verified – *please tick all that apply*:

Evidence of name change documentation (if applicable).

Translations of documents (if applicable).

The applicant has read all sections of the form and has signed in my presence on

Authorised witness name

Authorised witness occupation

Authorised witness signature