

Enrolment form

Section A: Participant information

Please print letters clearly.
Use black or blue pen.
Place in all applicable boxes.

Title First name Surname

Practice name

Practice address

Postcode

Practice telephone

Practice fax

Practice mobile

Practice email

Home address

Postcode

Mobile

Home email

Gender

Preferred email address

Male

Female

Practice

Home

Where is your main practice based?

RA1 (Major Cities)

RA2 (Inner Regional)

RA3 (Outer Regional)

RA4 (Remote)

RA5 (Very Remote)

Which of the following categories apply to you?

Practice nurse

Practice manager

Receptionist

General practitioner

Registrar

Student

Other (please specify)

Section B: Module enrolment

Aboriginal and Torres Strait Islander Health

Introduction to Aboriginal and Torres Strait Islander Health cultural awareness

ALM

Section C: Declaration

By signing and returning this registration form to the RACGP, I the delegate make the following declarations:

I have read, understood and accept the RACGP Delegate Conditions and Cancellation Policy which can be found at racgp.org.au/usage/delegate-conditions (or provided on request).

I have read, understood and accept the RACGP Privacy Statement which can be found at racgp.org.au/usage/delegate-conditions (or provided on request) and consent to my personal information being dealt with to administer this event.

Signature of delegate

Date

Section D: Privacy

The RACGP has a privacy policy that reflects recent changes in Federal and State Privacy Legislation.

A full copy of the College's policy is available from our website: gplearning.com.au/privacy.aspx

How to lodge your application

 Email registration form to aboriginalhealth@racgp.org.au