

Enrolment form

Section A: Participant information

Title First name Surname

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

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