

RACGP PFP registration form

Pre Fellowship Program (PFP)



ACN 000 223 807 ABN 34 000 223 807

Please print letters. Use black or blue pen and place ☒ in all applicable boxes.

Please return form to:

The Royal Australian College
of General Practitioners Ltd
Reply Paid 88254
East Melbourne Victoria 8002

Member Services 1800 472 247
Fax 03 8699 0489
Email gplearning@racgp.org.au

I am already a member of the RACGP Yes No
I wish to join as a new member of the RACGP Yes No

RACGP number
(office use only)

Personal details

Title First name Last name Preferred name

Home address Suburb State Postcode

Telephone Fax Email

Mobile Date of birth Gender (tick one)
Male Female

I am of Australian Aboriginal or Torres Strait Islander origin

No Yes, Australian Aboriginal Yes, Torres Strait Islander Yes, both Prefer not to say

Employment details

Employment name Employment address

Suburb State Postcode Telephone Fax

Employment email address Preferred email address Preferred postal address
Employment Home Employment Home

Medical registration

Medical registration number Date of registration

Do you have any conditions of your registration? **Yes** (please provide details of your condition/s)

Which Rural Workforce Agency are you registered to?

Declaration

In joining the RACGP as a member, I make the following declarations for the RACGP's benefit:

1. I agree to be bound by the [RACGP Constitution](#), any regulations made under it and any policy issued from time to time by the RACGP that applies to members.

2. I confirm that where required I am registered with AHPRA and continue to satisfy all the requirements of [RACGP's Fit and Proper Fellow Policy](#).

3. I confirm that I have read and agree to be bound by the [RACGP's Privacy Policy](#).

a) I confirm the RACGP can contact me for matters relating to: membership, invoices and payments, exam results, meetings of members and annual reports. I understand that I cannot unsubscribe from these types of communications as a condition of my membership and that I must provide a personal email or residential address for communications.

b) I confirm where necessary and appropriate the RACGP can provide my personal information to AHPRA, Medicare, Department of Health, general practice education and training providers and other regulators. I understand that as a condition

of membership, I cannot withdraw my consent from these third party communications by the RACGP.

I consent to the RACGP providing my contact details to third parties (including Member Benefits Australia and GP conference sponsors) to provide me with information about their goods and services. Further, I understand that I may withdraw this consent by notifying the RACGP.

I understand that I may unsubscribe from receiving marketing communications from the RACGP.

Tick this box to unsubscribe from all marketing communications from the RACGP.

4. [The Medical Board of Australia CPD Registration Standard](#) requires all registered medical practitioners to have a CPD Home from 2024 and CPD compliance reported to Ahpra. By renewing my membership or CPD participation with the RACGP, I acknowledge that RACGP is my CPD Home and agree that RACGP CPD Home will report my CPD compliance to Ahpra.
- If you do not wish to have the RACGP as your CPD home, please contact us at cpd.national@racgp.org.au or 03 8699 0349.
- Signature

Date
- # Membership payment
- Once your application is processed, an invoice will be sent to you with your membership fee via your preferred contact method.
- The Royal Australian College of General Practitioners Ltd

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