

# 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](mailto:gplearning@racgp.org.au)

I wish to register for RACGP membership Yes No

I am already a 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?