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|  | **THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS****Fellowship via Hong Kong Conjoint Exam****Application Form** |

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|  | OFFICE USE ONLY |  |
|  | Date Received:  | RACGP Number: …………………… |
| RACGP Fellowship requires –Completion of this application form with attached documentation as required* **Current medical registration**
* **Current membership with the RACGP**

Evidence of participation in recognised QI & CPD activities * **Nomination of two (2) referees; one of whom must be a financial Fellow of the RACGP**

AND EITHER1. **Successful completion of a RACGP Assessment process plus a minimum of seven (7) years postgraduate medical experience, of which five (5) years or its part-time equivalent must have been in General Practice.**

**OR**1. **Successful completion of a RACGP Assessment process plus successful completion of a RACGP approved Vocational Training Program**
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|  |
| Family Name (Please print*)*:................................................................. Given names: Practice address: P/code:………….. Phone No:….. …………………………………. Email: ………………………………………………….Home address: P/code:………….. Phone No:…..…………………………………. Email: …………………………………………………Date of Birth: ……/………/………. Sex: Male **[ ]**  Female **[ ]**  |
| Preferred mailing address  | Practice [ ]  | Home [ ]  |
| **DETAILS OF QUALITY IMPROVEMENT & CONTINUING PROFESSIONAL DEVELOPMENT (QI&CPD)****Undertaken in the previous twelve months****(attach RACGP credit point statement or extra page if required)** | Office Use Onlyevidence attached |
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| **Please tick the appropriate box and supply evidence as required.** | Office use onlyevidence attached |
| 1. Have you sat and passed the RACGP Conjoint Examination?
 |  Yes [ ]  |  No [ ]  |  |
| **If yes, please attach the confirmation letter from the Hong Kong College of Family Physicians** |  |  |  |

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| MEDICAL QUALIFICATIONS AND REGISTRATION |
| **Academic Background** | **Date** | **Qualification** | University/College/Country | Office Use Only |
| Primary Qualification |  |  |  |  |
| Other Medical Qualifications |  |  |  |  |
| Non Medical Qualifications |  |  |  |  |
| **Medical Registration** | **Date** | **Registering Body** | Office Use Only |
| Provisional |  |  |  |
| Full |  |  |  |
| Please Attach | Office Use OnlyEvidence attached |
| Copy of current annual medical registration certificate (transcribed in English) |  |

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| **EVIDENCE OF GP EXPERIENCE**Please tick the appropriate boxes and supply evidence as required. | Office use onlyevidence attached |
| 1. Do you have a minimum of seven (7) years postgraduate medical experience?
 | [ ]  Yes | [ ]  No |  |
| 1. Are you a current financial member of the RACGP?
 | [ ]  Yes | [ ]  No |  |
| 1. Have you successfully completed a RACGP Hong Kong Vocational Training Program?

If yes, please attach notification of your successful completion of training from your Vocational Training Provider. Please provide full details of general practice experience as per **page 3**. | [ ]  Yes | [ ]  No |  |
| 1. Have you previously had any experience in Australian General Practice?

Please provide documentation, site, times, dates, and detail if full time or part timeIf yes, please complete Appendix B “Assessment of Australian General Practice Experience” | [ ]  Yes | [ ]  No |  |
| 1. Have you had any experience in General Practice in Hong Kong or Overseas.

If yes, please provide full details of general practice experience as per **page 3** | [ ]  Yes | [ ]  No |  |

#### TRAINING AND EXPERIENCE

PLEASE DETAIL ALL TRAINING AND EXPERIENCE VISITING MEDICAL OFFICER APPOINTMENTS

ATTACH EXTRA PAGE IF REQUIRED

#### SECTION 1 HOSPITAL TRAINING INCLUDING REGISTRATION YEAR

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Dates** |  | **Hospital** | **Discipline** | **Duration****Years and Months** | **Office Use Only** |
| **From**  | **To** |  |  |  |  |
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|  |  |  |  | **TOTAL** |  |

SECTION 2A GENERAL PRACTICE TRAINING IN HONG KONG OR OVERSEAS

(Note: Minimum acceptable part-time experience is 10.5 hours (3 sessions) per week in the one practice for a minimum of one month)

|  |  |  |  |  |  |
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| **Dates** |  |  |  |  |  |
| **From** | **To** | **Full Time** | **Part Time** | **Duration**  | **Office Use Only** |
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|  |  |  |  | **TOTAL** |  |

Position Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Finish Date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 dd/mm/yy dd/mm/yy

For this position only, what hours did you work each day? (eg. 8am to 5pm)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday |  Friday |  Saturday | Sunday |
|  |  |  |  |  |  |  |

Were **ALL** the hours worked in this position in general practice as it is defined in Australia?

Yes [ ]  No [ ]

If No, or if you are unsure, please outline the amount of time per week you spent in the following duties:

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| --- | --- | --- | --- |
| Inpatient care |  | Work in Hospital wards |  |
| Operating theatres |  | Emergency |  |
| Outpatient clinics |  | Community clinics |  |
| General Practice |  | Other:  |  |

**SECTION 2B GENERAL PRACTICE TRAINING IN AUSTRALIA**

(Note: Minimum acceptable part-time experience is 10.5 hours (3 sessions) per week in the one practice for a minimum of one month)

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| --- | --- | --- | --- | --- | --- | --- |
| **Dates** |  |  |  |  |  |  |
| **From** | **To** | **Practice Names and Locations** | **Full****Time** | **Part Time Sessions/Wk** | **Duration****Years & Months** | **Office Use****Only** |
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|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  | **TOTAL** |  |
| NOMINATION OF REFEREESA Referee **must not** be a relative of the applicantApplicants are required to nominate f two (2) referees, one of whom must be a current financial Fellow of The Royal Australian College of General Practitioners. |
| REFEREE 1 (FULL NAME*)…………………………………………………………….* RACGP No: ……………………………Practice address: Signed:……………………….……….......…..….. Phone No………………………….. Email……………………………………. |
| REFEREE 2 (FULL NAME)*………………………………………………* RACGP No: …………………………..Practice address: Signed:…………………………………………… Phone No:………………………… Email……………………………………. |
|  |
| DECLARATION |
| I hereby agree, if so required, to appear for an interview by the Censor in Chief,I hereby give an undertaking that on admission to Fellowship of The Royal Australian College of General Practitioners I will:* Uphold and promote to the best of my ability the aims and objectives of the College;
* Observe the provisions of the Memorandum and Articles of Association and such Regulations and By-Laws of the College or its Faculties as may, from time to time, be in force; and
* Undertake the College requirements for Quality Improvement and Continuing Professional Development (QI&CPD).

I declare that the information I have provided on this application form and its attachments is correct.SIGNATURE: ………………… ............................................................ Date:……/……../ ……… |
| PRIVACY POLICY: The RACGP has a Privacy policy that reflects the recent changes in Federal and State privacy legislation. You may obtain a full copy of the College’s policy from our website: [www.racgp.org.au](http://www.racgp.org.au)**Copies of the College’s Constitution and Ethics Policy is also available on our website.** |

**OFFICE USE ONLY**

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| Financial member 🞎 Yes 🞎 No (NB: Applications can only be processed if Membership is current) |
| Current Medical Registration 🞎 Yes 🞎 No (NB: Applications can only be processed if Registration is current) |
| Passed the College Conjoint Examination 🞎 Yes 🞎 No  |
| National Fellowship Officer Signature: …………………………………… Date:…..…/……../……….. |

 **RACGP CENSOR IN CHIEF**

 Application Approved: Yes 🞎 No 🞎 Deferred 🞎

 Censor Name: ………………………………………….. Signature: …………………………………… Date:…..…/……../………..