

# Application for certification of eligibility for Vocational Registration of General Practitioners

## Purpose of this form

Complete this form for inclusion on the Chief Executive Medicare's Vocational Register of General Practitioners.

## For more information

For more information, go to our website

[humanservices.gov.au/healthprofessionals](http://humanservices.gov.au/healthprofessionals) or for assistance completing this form email

[co\\_medicare\\_provider\\_eligibility@humanservices.gov.au](mailto:co_medicare_provider_eligibility@humanservices.gov.au) or call **02 6143 8021** Monday to Friday, between 8.30 am and 5.00 pm, Australian Eastern Standard Time.

**Note:** Call charges apply – calls from mobile phones may be charged at a higher rate.

## Filling in this form

- Please use black or blue pen
- Print in BLOCK LETTERS
- Mark boxes like this  with a ✓ or X

## Returning your form

Check that you have answered all the questions you need to answer and that you have signed and dated this form.

If applying for inclusion on the Vocational Register for the **first** time, send the completed application to **either** address below.

If your name has previously been included on the Vocational Register, you may send the completed application **directly** to the Quality Improvement (QI) & Continuing Professional Development (CPD) Program Administrator, The Royal Australian College of General Practitioners.

**QI & CPD Program Administrator**  
**The Royal Australian College of General Practitioners**  
**100 Wellington Parade**  
**EAST MELBOURNE VIC 3002**

or

**The Secretary**  
**General Practice Recognition Eligibility Committee**  
**National Registration & Accreditation Scheme Policy Section**  
**Health Workforce Division**  
**MDP 152**  
**Department of Health**  
**GPO Box 9848**  
**CANBERRA ACT 2601**

or

Fax: **03 8699 0400** Royal Australian College of General Practitioners  
Where document(s) are submitted by fax, please ensure you retain the original document(s).

Medical practitioners who are applying to the General Practice Recognition Eligibility Committee and have never been on the Vocational Register previously, are required to pay a \$30.00 application fee. Payment will be accepted by cheque or money order made payable to the Department of Health.

**My application fee of \$30.00 is enclosed**

## Applicant's contact details

1 Provider number

2 Royal Australian College of General Practitioners number

3 Dr  Mr  Mrs  Miss  Ms  Other

Family name

First given name

Second given name

4 Your sex

Male

Female

5 Date of birth

6 Postal address

  

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7 Daytime phone number

Mobile number

Fax number

Email

8 These details can be recorded as my preferred contact details?

No

Yes

## Medical registration

9 Medical registration number

## Criteria for vocational registration of General Practitioners

10 Are you a Fellow of the Royal Australian College of General Practitioners?

(Current eligibility requirements state you must be a Fellow)

No

Yes

11 Have you previously been on the Vocational Register?

No

Yes

12 Are you predominantly in general practice as defined in Regulation 2 of the Health Insurance (Vocational Registration of General Practitioners) Regulations?

No

Yes

13 Does the practice at which you work provide visits to locations other than at your surgery?

No

Yes

14 Does the practice at which you work make provision for after hours services?

No

Yes

15 Do you accept unreferral patients who present at your practice?

No

Yes

16 If you have answered No to questions 10 to 15 or if you are uncertain about a correct response or if you practise in an area of special interest, please state why you believe you are predominantly in general practice.



If there is insufficient space, attach a separate sheet with details.

## Practice characteristics

Questions 17 and 18 relate to the principal practice at which you would practise as a vocationally registered General Practitioner.

17 Describe the practice's arrangements for after hours services (for example, hours of operation, method of roster, use of locums, arrangement for continued care).

18 Describe the practice's arrangements for visits (away from surgery).



If there is insufficient space, attach a separate sheet with details.

If you are unsure of your eligibility, attach a **copy** of your curriculum vitae to this form.

Applications can be considered by either the Royal Australian College of General Practitioners (RACGP) or the General Practice Recognition Eligibility Committee.

If your application is unsuccessful, you will be advised in writing and will be able to appeal the decision.

## Privacy notice

**19** Your personal information is protected by law, including the *Privacy Act 1988*, and is collected by the Australian Government Department of Human Services for the assessment and administration of payments and services. This information is required to process your application or claim.

Your information may be used by the department or given to other parties for the purposes of research, investigation or where you have agreed or it is required or authorised by law.

You can get more information about the way in which the Department of Human Services will manage your personal information, including our privacy policy at [humanservices.gov.au/privacy](http://humanservices.gov.au/privacy) or by requesting a copy from the department.

## Declaration

### 20 I declare that:

- the information I have provided in this form is complete and correct.

### I understand that:

- giving false or misleading information is a serious offence.
- my name will be included on the Vocational Register of General Practitioners.
- the *Health Insurance Act 1973* permits the Department of Human Services to make available to the public on request the name and practice addresses of vocationally registered General Practitioners.
- after registration my continuing registration as a vocationally registered General Practitioner will depend on:
  - remaining predominantly in general practice as defined in the Health Insurance (Vocational Register of General Practitioners) Regulations, **and**
  - meeting the Royal Australian College of General Practitioners' minimum requirements for participation in quality improvement and professional development programs.
- I will request the Chief Executive Medicare to remove my name from the Vocational Register if I believe that I am no longer in general practice as defined in the Health Insurance (Vocational Register of General Practitioners) Regulations.

Applicant's full name

Applicant's signature

Date

## For RACGP use only

This section is to be completed by an authorised representative of the RACGP responsible for certification of eligibility for applicants to be included on the Vocational Register with Human Services.

GP Recognition History

QI & CPD Status

Recommendation

QI & CPD approved by:

Full name

Your signature

Date

Censor in Chief approved by:

Signature

Date

If the RACGP certifies your eligibility for inclusion on the Vocational Register, the RACGP will forward this form to the Department of Human Services.