



Vocational registration of general practitioners Application for certification of eligibility for vocational registration

Medical practitioners who want to be included on Medicare Australia's Vocational Register should complete this form.

Please print clearly in BLOCK letters

Section 1—Personal details

Title Dr Mr Mrs Ms Miss Other (please specify)

Family name First name

Other given names Date of birth / / Gender M/F

Section 2—Qualifications

Medical degrees/University

Year of graduation

Post graduate qualifications	Year of qualification

Section 3—Personal contact details

For this application only For general mailout purposes

Telephone number (during business hours) <input style="width: 100%;" type="text"/> Mobile <input style="width: 100%;" type="text"/> Facsimile number <input style="width: 100%;" type="text"/> Pager <input style="width: 100%;" type="text"/>	Street details <input style="width: 95%;" type="text"/> OR Postal details PO Box number <input style="width: 50px;" type="text"/> or GPO Box number <input style="width: 50px;" type="text"/> Suburb/Locality <input style="width: 95%;" type="text"/> State <input style="width: 50px;" type="text"/> Postcode <input style="width: 50px;" type="text"/> Email <input style="width: 95%;" type="text"/>
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Section 4—Medical registration

Medical board

Date of registration / / Registration number

The following questions relate to the criteria for vocational registration of general practitioners. (Please tick appropriate box)

Are you a Fellow of the Royal Australian College of General Practitioners (FRACGP)?
(Currently eligibility requirements state you must be a Fellow) Yes No

If no, have you previously been on the Vocational Register? Yes No

Are you predominantly in general practice as defined in Regulation 2 of the Health Insurance
(vocational registration of general practitioners) Regulations (the Regulations)? Yes No

Does the practice at which you work provide visits to locations other than at your surgery? Yes No

Does the practice at which you work make provision for after hours services? Yes No

Do you accept unreferral patients who present at your practice? Yes No

Please print clearly

If you have answered 'no' to any of the previous questions, or if you are uncertain about correct response, or if you practice in an area of special interest, please state why you believe you are predominantly in general practice.

Practice characteristics

The following questions relate to the principal practice at which you would practice as a vocationally registered general practitioner.

- 1. Describe the practice's arrangements for after hours services:
(e.g. hours of operation, method of roster, use of locums, arrangement for continued care)

- 2. Describe the practice's arrangements for visits (away from surgery):

If you are unsure of your eligibility, please attach a **typed copy** of your curriculum vitae to this form.
Applications can be considered by either the RACGP or the General Practice Recognition Eligibility Committee (GPREC).
If your application is unsuccessful, you may appeal the decision to the General Practice Recognition Appeal Committee, c/- Medicare Australia, PO Box 1001, Tuggeranong DC ACT 2901.

Signature of applicant Date / /

Medical practitioners who are applying to the General Practice Recognition Eligibility Committee and have never been on the Vocational Register are required to pay a \$30 application fee.

My application fee of \$30.00 is enclosed

Payment will be accepted by cheque or money order made payable to Medicare Australia.

Privacy note: The information provided will be used to assess your eligibility as a vocational registered medical practitioner for the purpose of the Medicare program. The collection of the information is authorised under the *Health Insurance Act 1973* and may be disclosed to the Department of Health and Ageing, the Department of Veterans' Affairs, and the Royal Australian College of General Practitioners or where authorised or required by law.

Section 5—Lodgement details

When completed your application may be posted to either:

QA & CPD Program Administrator
The Royal Australian College of General Practitioners
1 Palmerston Crescent
South Melbourne VIC 32205

The Secretary
General Practice Recognition Eligibility Committee
Medicare Australia
PO Box 1001
Tuggeranong DC ACT 2901

OR

Via facsimile to:

RACGP (03) 9696 7511

Medicare Australia (02) 6124 7600

Where applications are faxed, you must retain the original documents for auditing purposes.

Vocational registration of general practitioners

Application for inclusion

Chief Executive Officer

Medicare Australia

Please enter my name in the Vocational Register of General Practitioners.

The *Health Insurance Act 1973* permits Medicare Australia to make available to the public on request the name and practice addresses of vocationally registered general practitioners.

I understand that after registration my continuing registration as a vocationally registered general practitioner will depend on:

- my remaining predominantly in general practice as defined in the regulations
- meeting the RACGP's minimum requirements for participation in quality assurance and professional development programs.

I will request the Chief Executive Officer of Medicare Australia to remove my name from the Vocational Register if I believe that I am no longer in general practice as defined in the regulations.

Provider number

Signature

Date

Name in full (block letters)