



Fellowship via Malaysia Conjoint Exam Application Form

OFFICE USE ONLY

Date Received:

RACGP Number :

RACGP Fellowship requires –

- Completion of this application form with attached documentation as required
- Evidence of participation in recognised QI & CPD activities

AND

1. 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.

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
Only
evidence
attached

Please tick the appropriate box and supply evidence as required.	Office use only evidence attached
1. Have you sat and passed the RACGP Malaysia Conjoint Examination? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please attach the confirmation letters from The Academy of Family Physicians of Malaysia	

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 the following				Office Use Only Evidence attached
1. Certified copy of current <u>annual medical registration certificate</u> (transcribed in English)				

EVIDENCE OF GP EXPERIENCE				Office use only evidence attached
Please tick the appropriate boxes and supply evidence as required.				
1. Do you have a minimum of seven (7) years postgraduate medical experience?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
2. Are you a current financial member of the RACGP?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
3. Have you completed a minimum of seven (7) years postgraduate medical experience, of which five (5) years fulltime or its part time equivalent has been in General Practice?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, on the next page please document practice details, times and dates, and number of hours and sessions worked per week.				
4. Have you previously had any experience in Australian General Practice?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, on the next page please document practice details, times and dates, and number of hours and sessions worked per week.				

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	No. of hours worked per week
From	To			
				TOTAL

SECTION 2A GENERAL PRACTICE EXPERIENCE IN MALAYSIA 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)

Dates		Practice names and locations	Full Time	Part Time	No. of hours & sessions worked per week
From	To				
					TOTAL

Position Name : _____

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? Please refer to the RACGP definition of General Practice at <http://www.racgp.org.au/whatisgeneralpractice>

Yes No

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

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)

Dates		Practice Names and Locations	Full Time	Part Time	No. of hours & sessions worked per week
From	To				
					TOTAL

NOMINATION OF REFEREES

A Referee **must not** be a relative of the applicant

Applicants are required to nominate two (2) referees, one (1) 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:

REFEREE 2 (Surname printed in capitals).....RACGP No:

Practice address:

Signed:..... Phone No:.....

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 Assurance 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
Copies of the College's Constitution and Ethics Policy is also available on our website.

OFFICE USE ONLY

Financial member Yes No (NB: Applications can only be processed if Membership is current)

Current Medical Registration confirmed 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

General Practice Experience Approved: Year(s):..... Month(s):.....

Application Approved: Yes No Deferred

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