



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

## Fellowship via Hong Kong Conjoint Exam Application Form

### 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 EITHER

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.

### OR

2. Successful completion of a RACGP Assessment process plus successful completion of a RACGP approved Vocational Training Program

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

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

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				
<b>Please Attach</b>				Office Use Only Evidence attached
1. Copy of <b>current</b> <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 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 <b>page 3</b> .	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
4. Have you previously had any experience in Australian General Practice?  Please provide documentation, site, times, dates, and detail if full time or part time  If yes, please complete Appendix B "Assessment of Australian General Practice Experience"	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
5. 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 <b>page 3</b>	<input type="checkbox"/>	Yes	<input type="checkbox"/>	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				
				<b>TOTAL</b>	

### 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)

Dates					
From	To	Full Time	Part Time	Duration	Office Use Only
				<b>TOTAL</b>	

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:

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						
From	To	Practice Names and Locations	Full Time	Part Time Sessions/Wk	Duration Years & Months	Office Use Only
					<b>TOTAL</b>	

### NOMINATION OF REFEREES

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

Applicants are required to nominate 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

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:...../...../.....