



THE ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

OVERSEAS ASSOCIATESHIP APPLICATION FORM HONG KONG AND MALAYSIAN APPLICANTS

OFFICE USE ONLY

RACGP Number: Date Received:

Family Name (*please print*): Given names:

Practice address:

Country: P/code: Phone No: Fax No:

Home address:

Country: P/code: Phone No: Fax No:

Other address:

Country: P/code: Phone No: Fax No:

Preferred mailing address - Please tick ☒ Practice ☐ Home ☐ Other

Email address:

DOB: / / Sex: ☐ M ☐ F

Academic Background	Date	Qualification	University/College	Office Use Only
Primary Qualification				
Other Medical Qualifications				
Non Medical Qualifications				
Medical Registration	Date	Registering Body		Office Use Only
Provisional				
Full				

- To the best of your knowledge are you currently the subject of any investigation, review, inquiry or sanction by a Medical Board, the Professional Services Review Director, the Health Insurance Commission or similar body in relation to your professional practice or behaviour? Please attach details. Yes ☐ No ☐
- To the best of your knowledge is such an investigation, inquiry or sanction pending? Please attach details. Yes ☐ No ☐

Please attach	Please tick <input checked="" type="checkbox"/>	Office Use Only
1. Copy of current medical registration receipt (transcribed in English).		
2. Copy of primary medical degree (transcribed in English)		

DECLARATION

I hereby agree, if so required, to appear for an interview by the Censor in Chief and,
I hereby give an undertaking that on admission to 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 Education (QA & CPD).

I declare that the information I have provided on this application form and its attachments is correct.

Signature: Date: / /

PAYMENT DETAILS (IN AUSTRALIAN DOLLARS)

I enclose payment of AUD\$..... by cheque ☐ by credit card ☐ (Mastercard, Visa or Bankcard only)

Please indicate: Mastercard ☐ Visa ☐ Bankcard ☐ Expiry date: /

Credit card No: Signature:

PLEASE RETURN THIS APPLICATION FORM TO THE NATIONAL OFFICE

(National Fellowship Officer, RACGP National Office, 1 Palmerston Crescent, South Melbourne, Victoria, 3205, Australia)

OFFICE USE ONLY

NATIONAL FELLOWSHIP OFFICER

Registration confirmed

Yes ☐ No ☐

Fees paid

Annual subscription

\$

Pro rata

\$

Payment forwarded to membership services

Date:/...../.....

Signature

Date:/...../.....

NATIONAL FELLOWSHIP OFFICER

Applicant advised of successful application

Date:/...../.....

Signature

Date:/...../.....