



# General Practice Education Programme

## Research Registrar Application

2012 entry

### Contact Details

Please give your name as registered with the NZ Medical Council.

|                |        |            |          |       |
|----------------|--------|------------|----------|-------|
| Name           | .....  | College ID | .....    |       |
| Preferred name | .....  |            |          |       |
| Address        | .....  |            | Postcode | ..... |
| Telephone      | Mobile | .....      |          |       |
|                | Home   | .....      |          |       |
|                | Work   | .....      |          |       |
|                | Email  | .....      |          |       |

### Practice Details

|                                                                               |                             |  |  |
|-------------------------------------------------------------------------------|-----------------------------|--|--|
| Practice Name                                                                 | .....                       |  |  |
| Practice Address                                                              | .....                       |  |  |
| The practice is CORNERSTONE accredited                                        | YES/NO                      |  |  |
| I will be working                                                             | /10 <sup>ths</sup> per week |  |  |
| My collegial relationship for my clinical work will be with<br>This person is |                             |  |  |
| <input type="checkbox"/>                                                      | Owner/Part Owner            |  |  |
| <input type="checkbox"/>                                                      | Colleague in same practice  |  |  |
| <input type="checkbox"/>                                                      | Other (please specify)      |  |  |

### Clinical Goals

Please outline your clinical goals

### Research Topic

Write what you plan to do your research on. This is not a formal research proposal, but an outline of your ideas and intentions. The formal research proposal will be one of the first things you will work on when you begin the Research Registrar programme, and you will have assistance from your research mentor to do this.

**Academic Study**

**I plan to study part-time under the**

*Name of certificate or diploma course*

**In the first year I aim to complete the following papers**

*Semester One*

*Semester Two*

**The year after, I plan to**

**My overall mentor for the Research Registrar Programme will be**

**I also have support from**

**My research and academic study will be funded by**

**Date**

**Signature**

Please return this form to the following address:

**RNZCGP**

**General Practice Education Programme**

**PO Box 10 440**

**Wellington 6143**

Attention: GPEP2 Research Registrar Programme