



APPLICATION FORM

Prior Specialist Training Pathway to Fellowship

Before completing this form, please read the current [Fellowship Pathway Regulations](#).

If you are uncertain about any aspect of this application, please contact the College on +64 4 496 5999 or email iaa@rnzcgp.org.nz.

Email your completed application and supporting documents to the International Admissions Advisor (iaa@rnzcgp.org.nz).

1. Personal details (please provide name as registered with the Medical Council of New Zealand)

Title:	<input type="text"/>	Surname:	<input type="text"/>	First names:	<input type="text"/>
Prefer to be known as (if different from first name):	<input type="text"/>				
Gender (e.g. male, female, non-binary). I identify as:	<input type="text"/>				(fill in the blank)
or:	<input type="checkbox"/> I prefer not to disclose				
Date of birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Preferred email address (individual):	<input type="text"/>				
Home address:	<input type="text"/>				
City:	<input type="text"/>			Postcode:	<input type="text"/>
Home phone: (<input type="text"/>)	<input type="text"/>		Mobile:	<input type="text"/>	
Current practice name:	<input type="text"/>				
Practice address:	<input type="text"/>				
City:	<input type="text"/>			Postcode:	<input type="text"/>
Work phone: (<input type="text"/>)	<input type="text"/>				
I work:	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	(Please see membership fees)		
Preferred mailing address:	<input type="checkbox"/> Home	<input type="checkbox"/> Practice			
Are you a New Zealand citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
Answer the following only if you are NOT a New Zealand citizen:					
Do you have permanent resident status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
If you do not have permanent residency, have you applied?	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
When was the application for permanent residency made?	<input type="text"/>				
When do you expect to gain permanent residency?	<input type="text"/>				

To which ethnic group(s) do you belong?

New Zealand European Māori Please state iwi:

Other European Please state rohe (iwi area):

Samoan Cook Island Māori Tongan Niuean

Tokelauan Fijian Other Pacific Peoples

Southeast Asian Chinese Indian Other Asian

Middle Eastern Latin American African

Other – please specify:

2. Medical registration

Date of registration in New Zealand: MCNZ reg. no:

Type of registration:

Provisional General Vocational Other – please specify:

Any restrictions, conditions or undertakings:

Copy of annual practising certificate provided: Yes No

3. Resuscitation skills

Evidence	Date completed
<input type="checkbox"/> I have enclosed a certificate that meets the requirements for achieving Fellowship as per the current Fellowship Pathway Regulations section 2.2.	<input type="text"/>
<input type="checkbox"/> I have enclosed a certificate of participation that meets the requirements for entry to the Prior Specialist Training Pathway but not for achieving Fellowship, and understand I will be required to do an assessed resuscitation course before Fellowship is awarded.	<input type="text"/>

4. Academic background (please provide certified copies of overseas qualifications with your application)

Primary medical qualification:

Year awarded:

Qualification:

University/College:

Country:

Other medical qualification:

Year awarded:

Qualification:

University/College:

Country:

5. Vocational training (please provide certified copies of your qualification, proof of completion of training and overseas College membership with your application)

The overseas general practice qualifications specified below are recognised, provided they have been obtained by completion of the training programme and by passing the assessment requirements of that country.

Group 1 qualifications	Year completed
<input type="checkbox"/> Members or Fellows of the Royal College of General Practitioners	
<input type="checkbox"/> Members or Fellows of the Irish College of General Practitioners	
<input type="checkbox"/> Fellows of the Hong Kong College of Family Physicians	
<input type="checkbox"/> Certificants in General Practice, Netherlands	
<input type="checkbox"/> Diploma van Huisarts Diploma of General Practitioner, Belgium (up to 2007) and Master in de Huisartsgeneeskunde Master in General Practice, Belgium (from 2007)	
<input type="checkbox"/> Certificants in Family Medicine, College of Family Physicians of Canada (if gained with the clinical examination)	
<input type="checkbox"/> Graduates of the Master of Medicine in Family Medicine, Singapore, if held with Fellowship of the College of Family Physicians	
<input type="checkbox"/> Doctors who hold Fellowship of the Royal Australian College of General Practitioners or of the Australian College of Rural and Remote Medicine and who are no longer current members of that College	
<input type="checkbox"/> DES de Médecine Générale (Diploma in General Practice), France	
<input type="checkbox"/> Specialist in general practice/family medicine, Swedish College of General Practice and the Swedish Society of Medicine, Sweden	
Group 2 qualifications	Year completed
<input type="checkbox"/> Certificants in Family Medicine, College of Family Physicians of Canada (if gained without the clinical examination)	
<input type="checkbox"/> Diplomates of the American Board of Family Medicine (must hold current board certification)	
<input type="checkbox"/> Graduates of the Master of Medicine in Family Medicine, Singapore	
<input type="checkbox"/> Fellows of the College of Family Physicians of South Africa	

6. Cultural competency orientation (please provide a copy of your certificate(s) with your application)

Activity: Mihi 501 Health Professionals Course: Application of the Hui Process / Meihana Model to Clinical Practice

Provider: University of Otago

Date completed:

Activity: Foundation Course in Cultural Competency (Māori) AND Foundation Course in Māori Healthcare and the Treaty of Waitangi

Provider: Mauriora Health Education Research

Date completed:

University paper (please specify) – College approval is required:

Provider:

Date completed:

Other (please specify) – College approval is required:

Provider:

Date completed:

7. Highly recommended – in-practice visit for holders of Group 1 qualifications only

Prior to your final Fellowship Assessment visit there is an option for an In Practice visit by a medical educator. These visits can be extremely useful in identifying any areas of weakness that can be addressed before the Fellowship visit and have been shown to improve the chances of a successful Fellowship Assessment.

Please indicate if you wish to have a pre-Fellowship visit. There is an additional fee of \$1,650 +GST.

- Yes, I would like a pre-Fellowship visit
- No, I would not like a pre-Fellowship visit
- I would like further information about this

8. Health and professional conduct disclosure

Have you ever been, or are now, affected by a mental or physical condition with the capacity to affect your ability to perform the functions required for the practice of medicine? These include neurological, psychiatric or addictive (drug or alcohol) conditions, including physical deterioration due to injury, disease or degeneration.

- Yes No

(If yes, please attach further documentation to this application)

Have you been the subject of disciplinary procedures, criminal convictions or unresolved complaints in the past or present? Have you ever had your employment as a doctor terminated on the grounds of poor performance or had your practising certificate suspended, restricted or revoked by the Medical Council of New Zealand?

- Yes No

(If yes, please attach further documentation to this application)

The College requires Prior Specialist Training Pathway to Fellowship applicants to keep the College informed should there be any change in this disclosure during the Prior Specialist Training Pathway programme.

All disclosures received are kept confidential to relevant College staff.

9. Declaration

Please read and then sign this declaration.

- I hereby certify that I am the person who is applying for the Prior Specialist Training Pathway with The Royal New Zealand College of General Practitioners and that the information I have given is true and correct.
- I understand that the information that I have provided is to be used by The Royal New Zealand College of General Practitioners for considering my application for the Prior Specialist Training Pathway and may be disclosed to contractors of the College for these purposes.
- I authorise The Royal New Zealand College of General Practitioners to disclose information about me (within the provisions of the Privacy Act 1993) to other agencies, if the College believes on reasonable grounds that the disclosure is necessary (e.g. MCNZ, employers, other Medical Colleges, NZ Immigration Services, etc).
- As a member, I agree to abide by the College Rules.
- I will keep The Royal New Zealand College of General Practitioners informed of any changes of address and other contact information and of changes to my position or employment.
- I understand that the Prior Specialist Training Pathway to Fellowship is governed by the College's Fellowship Pathway Regulations.

Signature of applicant
(or signed electronically)

Date

10. Fees

Please refer to the College website to determine the **fees** that are associated with your Fellowship programme requirements, along with the **membership fees**.

If you have any questions, please contact the **International Admissions Advisor**.

Checklist (tick where applicable)

- Did you refer to the College Fellowship Pathway Regulations?
- Have you completed all sections of the form?

Have you enclosed (if applicable):

- A copy of your CV?
- A copy of your resuscitation certificate?
- Original certified copies of your medical qualifications, completion of general practice training?
- Current Certificate of Professional Status (COPS) from MCNZ no older than three months from date of issue?
- Confidential disclosures regarding health issues, complaints, disciplinary procedures, or previous criminal convictions (if applicable)?
- Additional information (specify number of sheets)

Please email your completed application form and scanned, certified supporting documents to:

iaa@rnzcgp.org.nz

Please use the spaces below, if needed, to expand upon any of your answers in this application.
Please remember to indicate the question or section number being referred to.

Question/section:

Additional information:

Question/section:

Additional information: