



## APPLICATION FORM

# Prior Specialist Training Pathway to Fellowship

Before completing this form, please read **Section 6** of 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](mailto:iaa@rnzcgp.org.nz).

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

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

Title:  Surname:  First names:

Prefer to be known as (if different from first name):

Gender (e.g. male, female, non-binary). I identify as:  (fill in the blank)

or: ☐ I prefer not to disclose

Date of birth:  /  /

Preferred email address (individual):

Home address:

City:  Postcode:

Home phone: (  )  Mobile:

Current practice name:

Practice address:

City:  Postcode:

Work phone: (  )

I work: ☐ Full time ☐ Part time (Please see [membership fees](#))

Preferred mailing address: ☐ Home ☐ Practice

Are you a New Zealand citizen? ☐ Yes ☐ No

**Answer the following only if you are NOT a New Zealand citizen:**

Do you have permanent resident status? ☐ Yes ☐ No

If you do not have permanent residency, have you applied? ☐ Yes ☐ No

When was the application for permanent residency made?

When do you expect to gain permanent residency?

**To which ethnic group(s) do you belong? (NOTE: nec = not elsewhere classified)**

<input type="checkbox"/> Afghan	<input type="checkbox"/> Finnish	<input type="checkbox"/> Pacific Peoples nec
<input type="checkbox"/> African American	<input type="checkbox"/> Flemish	<input type="checkbox"/> Pakistani
<input type="checkbox"/> African nec	<input type="checkbox"/> French	<input type="checkbox"/> Palestinian
<input type="checkbox"/> Afrikaner	<input type="checkbox"/> German	<input type="checkbox"/> Papua New Guinean
<input type="checkbox"/> Albanian	<input type="checkbox"/> Ghanaian	<input type="checkbox"/> Peruvian
<input type="checkbox"/> Algerian	<input type="checkbox"/> Greek	<input type="checkbox"/> Pitcairn Islander
<input type="checkbox"/> American	<input type="checkbox"/> Hawaiian	<input type="checkbox"/> Polish
<input type="checkbox"/> Anglo Indian	<input type="checkbox"/> Hong Kong Chinese	<input type="checkbox"/> Portuguese
<input type="checkbox"/> Arab	<input type="checkbox"/> Hungarian	<input type="checkbox"/> Puerto Rican
<input type="checkbox"/> Argentinian	<input type="checkbox"/> Icelandic	<input type="checkbox"/> Punjabi
<input type="checkbox"/> Armenian	<input type="checkbox"/> Indian nec	<input type="checkbox"/> Romani
<input type="checkbox"/> Asian nec	<input type="checkbox"/> Indian Tamil	<input type="checkbox"/> Romanian
<input type="checkbox"/> Assyrian	<input type="checkbox"/> Indigenous American	<input type="checkbox"/> Rotuman
<input type="checkbox"/> Australian	<input type="checkbox"/> Indigenous Australian	<input type="checkbox"/> Russian
<input type="checkbox"/> Austrian	<input type="checkbox"/> Indonesian	<input type="checkbox"/> Samoan
<input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Iranian/Persian	<input type="checkbox"/> Scottish
<input type="checkbox"/> Belgian	<input type="checkbox"/> Iraqi	<input type="checkbox"/> Serbian
<input type="checkbox"/> Belorussian	<input type="checkbox"/> Irish	<input type="checkbox"/> Seychellois
<input type="checkbox"/> Bengali	<input type="checkbox"/> Israeli/Jewish	<input type="checkbox"/> Sikh
<input type="checkbox"/> Bhutanese	<input type="checkbox"/> Italian	<input type="checkbox"/> Singaporean Chinese
<input type="checkbox"/> Bolivian	<input type="checkbox"/> Jamaican	<input type="checkbox"/> Sinhalese
<input type="checkbox"/> Bosnian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Slavic
<input type="checkbox"/> Brazilian	<input type="checkbox"/> Jordanian	<input type="checkbox"/> Slovak
<input type="checkbox"/> British nec	<input type="checkbox"/> Karen	<input type="checkbox"/> Slovenian
<input type="checkbox"/> Bulgarian	<input type="checkbox"/> Kenyan	<input type="checkbox"/> Solomon Islander
<input type="checkbox"/> Burmese	<input type="checkbox"/> Kiribati	<input type="checkbox"/> Somali
<input type="checkbox"/> Burundian	<input type="checkbox"/> Korean	<input type="checkbox"/> South African European
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Kurd	<input type="checkbox"/> South African Indian
<input type="checkbox"/> Cambodian Chinese	<input type="checkbox"/> Lao	<input type="checkbox"/> South Slav nec
<input type="checkbox"/> Canadian	<input type="checkbox"/> Latin American nec	<input type="checkbox"/> Southeast Asian nec
<input type="checkbox"/> Caribbean	<input type="checkbox"/> Latvian	<input type="checkbox"/> Spanish
<input type="checkbox"/> Celtic	<input type="checkbox"/> Lebanese	<input type="checkbox"/> Sri Lankan nec
<input type="checkbox"/> Channel Islander	<input type="checkbox"/> Lithuanian	<input type="checkbox"/> Sri Lankan Tamil
<input type="checkbox"/> Chilean	<input type="checkbox"/> Macedonian	<input type="checkbox"/> Sudanese
<input type="checkbox"/> Chin	<input type="checkbox"/> Malay	<input type="checkbox"/> Swedish
<input type="checkbox"/> Chinese nec	<input type="checkbox"/> Malaysian Chinese	<input type="checkbox"/> Swiss

*Ethnicities continue on next page.*

<input type="checkbox"/> Colombian	<input type="checkbox"/> Malaysian Indian	<input type="checkbox"/> Syrian
<input type="checkbox"/> Congolese	<input type="checkbox"/> Maldivian	<input type="checkbox"/> Tahitian
<input type="checkbox"/> Cook Islands Māori	<input type="checkbox"/> Maltese	<input type="checkbox"/> Taiwanese
<input type="checkbox"/> Cornish	<input type="checkbox"/> Manx	<input type="checkbox"/> Thai
<input type="checkbox"/> Croatian	<input type="checkbox"/> Māori	<input type="checkbox"/> Tibetan
<input type="checkbox"/> Cypriot	<input type="checkbox"/> Mauritian	<input type="checkbox"/> Tokelauan
<input type="checkbox"/> Czech	<input type="checkbox"/> Mexican	<input type="checkbox"/> Tongan
<input type="checkbox"/> Dalmatian	<input type="checkbox"/> Middle Eastern nec	<input type="checkbox"/> Turkish
<input type="checkbox"/> Danish	<input type="checkbox"/> Mongolian	<input type="checkbox"/> Tuvaluan
<input type="checkbox"/> Dutch	<input type="checkbox"/> Moroccan	<input type="checkbox"/> Ukrainian
<input type="checkbox"/> Ecuadorian	<input type="checkbox"/> Nauruan	<input type="checkbox"/> Uruguayan
<input type="checkbox"/> Egyptian	<input type="checkbox"/> Nepali	<input type="checkbox"/> Venezuelan
<input type="checkbox"/> English	<input type="checkbox"/> New Caledonian	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Eritrean	<input type="checkbox"/> New Zealand European	<input type="checkbox"/> Vietnamese Chinese
<input type="checkbox"/> Estonian	<input type="checkbox"/> New Zealander	<input type="checkbox"/> Welsh
<input type="checkbox"/> Ethiopian	<input type="checkbox"/> Ni Vanuatu	<input type="checkbox"/> Zambian
<input type="checkbox"/> Eurasian	<input type="checkbox"/> Nigerian	<input type="checkbox"/> Zimbabwean European
<input type="checkbox"/> European nec	<input type="checkbox"/> Niuean	<input type="checkbox"/> Prefer not to answer
<input type="checkbox"/> Fijian	<input type="checkbox"/> Norwegian	<input type="checkbox"/> Other Ethnicity nec
<input type="checkbox"/> Fijian Indian	<input type="checkbox"/> Other South African	
<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Zimbabwean	

**If you selected Māori:**

Please state iwi:

Please state rohe (iwi area):

**If you selected Other Ethnicity:**

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

Please check your certificate against the [College list of approved courses](#). You need a course from the GPEP column under 'To Attain Fellowship'.

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="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.	

### 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	

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

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="text"/>
<input type="checkbox"/> Diplomates of the American Board of Family Medicine (must hold current board certification)	<input type="text"/>
<input type="checkbox"/> Graduates of the Master of Medicine in Family Medicine, Singapore	<input type="text"/>
<input type="checkbox"/> Fellows of the College of Family Physicians of South Africa	<input type="text"/>

**6. Cultural competency orientation** (please provide a copy of your certificate(s) from Activity A, B or C with your application)

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

**Provider:** University of Otago

**Date completed:**

**OR:**

**Activity B:** Introduction to Māori Health

**Provider:** Taikura

**Date completed:**

**OR:**

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

**Provider:** Mauriora Health Education Research

**Date completed:**

**NOTE:** Please include both certificates with your application.

**OR:**

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

**Provider:**

**Date completed:**

**Other** (please specify) – College approval is required:

**Provider:**

**Date completed:**

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

☐ No

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 (MCNZ)?

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

☐ No

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.

## 8. 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**

**PLEASE NOTE:** We strongly recommended that you save a copy of this pdf before digitally signing. Once signed, the pdf may become read-only.

## 9. 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 the MCNZ no older than three months from date of issue?  
**Please note that this CoPS must be sent directly from the MCNZ to the RNZCGP.**
- ☐ 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](mailto: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: