



## APPLICATION FORM

# FRNZCGP by reciprocity for holders of the FRACGP qualification

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

#### 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              |

Ethnicities continue on next page.

<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
<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

*Ethnicities continue on next page.*

<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 – New Zealand**

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

**Type of registration:**

Provisional     General     Vocational     Other – please specify:

Date included on the vocational register (in the scope of general practice):

**3. Medical registration – Australia**

Date of registration in Australia:  AHPRA reg. no:

**Type of registration:**

Specialist     Other – please specify:

**4. Academic background – please provide certified\* copies of overseas qualifications with your application**

**Primary medical qualification:**

Year awarded:

Qualification:

University/College:

Country:

\* Must be certified by a Fellow of the College or a Justice of the Peace

Academic background cont.

**Other medical qualification:**

Year awarded:

Qualification:

University/College:

Country:

**5. Employment**

State your current positions or appointments and indicate how your time is divided between each (in tenths of a working week to a maximum of 10 tenths)

Employer	Tenths per week
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**6. 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="text"/>

**7. Cultural competency orientation – please provide a copy of your certificate(s) from Activity A or Activity B 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:** 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:**

## 8. Faculties and Chapters

For support at a local level, all new members of the College are allocated to a regional Faculty. Chapters are optional groups revolving around areas of practice.

Do you wish to be part of the Rural General Practitioners' Chapter?

Yes

No

Do you wish to be part of the Pacific Chapter?

Yes

No

If you are of Māori descent, would you like to join, or learn more about, our Māori representative group Te Akoranga a Māui?

Yes

No

## 9. 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 (MCNZ)?

Yes

No

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

*All disclosures received are kept confidential to relevant College staff.*

## 10. Declaration

Please read and then sign this declaration.

- I certify that I am the person who is applying for Fellowship of the College, and that the information I have provided is true and correct.
- By becoming a member of the RNZCGP, I agree to uphold and promote the objects of the College.
- As a member, I agree to abide by the [RNZCGP Rules](#).
- I will keep the RNZCGP informed of any changes of address and other contact information and of changes in my position or employment.
- In submitting this application, I accept liability for the subscription payment once invoiced.  
(NOTE: RNZCGP membership is individual, and membership remains with you regardless of your employment or who funds your membership).
- I understand that all outstanding fees and levies must be paid in full should I resign my membership.  
(NOTE: Your RNZCGP membership commences on the date your application is accepted and your fees will cover the period until the following 31 March, at which time you will be invoiced for the next year's fees at the rate then applying, unless you formally resign your membership).

**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.

## Checklist of enclosures

Please provide the following documents:

- Original **certified** copy of your FRACGP certificate.
- Confirmation that you hold a current Practising Certificate from the MCNZ and confirmed details regarding your employment in New Zealand.
- A letter from the RACGP confirming:
  - > your current financial and professional good standing.
  - > that you gained FRACGP **by completing the training and assessment programme in Australia** and the date awarded
  - > that you are **up to date with all the requirements** of the RACGP's Quality Improvement and Continuing Professional Development (QI&CPD) programme.
- A copy of your current triennium credit point statement – QI&CPD programme.
- Your 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.  
  
If you are not currently practising in New Zealand, include a CoPS (or equivalent) from the last country where you practised.
- Evidence of completing cultural competency training in New Zealand and of training in indigenous health issues.

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

[iaa@rnzcgp.org.nz](mailto:iaa@rnzcgp.org.nz)

*Thank you for completing this application. You will receive membership information and an invoice for your subscription fees upon acceptance.*

**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: