acowen74@gmail.com

**Before completing this form, please read the** [**Fellowship regulations**](https://oldgp16.rnzcgp.org.nz/assets/New-website/Become_a_GP/2017-Fellowship-Regulations-version-1-002.pdf)

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

**Send your completed application and supporting documents to:**

Vocational Registration Advisor

The Royal New Zealand College of General Practitioners

Level 4, 50 Customhouse Quay, Wellington 6011,

PO Box 10440, Wellington 6143, New Zealand

T: +64-4-496 5999 | F: +64-4-496 5997

E: fellowship@rnzcgp.org.nz | W: www.rnzcgp.org.nz

|  |
| --- |
| 1. **Personal details**

 *Please provide name as registered with the Medical Council of New Zealand.*  |
| Title:       | Surname:       | First names:       |
| Known as:       | Gender: [ ]  Male [ ]  Female |
| Date of Birth:       /       /       |
| Preferred email address (individual):       |
| Home address:       |
| City:       | Postcode:       |
| Home phone: (    )       |  Mobile:       |
| Practice name:       |
| Practice address:       |
| City:       |  Postcode:       |
| Work Phone: (    )       |
| Preferred mailing address: [ ]  Home [ ]  Practice |
| Are you a New Zealand citizen? [ ]  Yes [ ]  No*Answer this section only if you are not a NZ citizen.*

|  |
| --- |
| Do you have permanent resident status? [ ]  Yes [ ]  No |
| *If you do not have permanent residency*, have you applied? [ ]  Yes [ ]  NoWhen was the application for permanent residency made?      When do you expect to gain permanent residency?       |

 |
| Which ethnic group(s) do you belong to?

|  |  |
| --- | --- |
| [ ]  New Zealand European [ ]  [ ]  | [ ]  Māori |
| [ ]  Other European | [ ]  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*       |

|  |
| --- |
| **3. Clinical work – please provide your current practice details** |
| **Practice type** | **Tenths per week** |
| [ ]  Traditional general practice\*  [ ]  CORNERSTONE (or be working towards) [ ]  Te Wana (or be working towards) [ ]  Midlands Health Network Core Standards accredited [ ]  Other – *If you will be working in a general practice which is ‘Other’, this may not meet GPEP regulations. Please contact us at* ***fellowship@rnzcgp.org.nz****.* |       |
| [ ]  Student health |       |
| [ ]  A&M |       |
| [ ]  After-hours clinic |       |
| [ ]  Armed Forces |       |
| [ ]  General practice research |       |
| [ ]  Other – *please specify*       |       |

*\* Traditional general practice is defined in Section 1 of the* [***Fellowship regulations***](https://oldgp16.rnzcgp.org.nz/assets/New-website/Become_a_GP/2017-Fellowship-Regulations-version-1-002.pdf)*.*

|  |
| --- |
| **4. List all postgraduate general practice experience** |
| **Name of practice** | **Location** | **Starting date** | **Finishing date** | **10ths per week** | **No. of weeks** | **Office use only** |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
|       |       |       |       |       |       |  |
| **Total**  |  |

*Please provide certified copies of overseas qualifications with your application.*

|  |  |  |  |
| --- | --- | --- | --- |
| **5. Academic background** | **Date** | **Qualification** | **University / college / country** |
| Primary medical qualification |       |       |       |
| Other medical qualifications |       |       |       |
|       |       |       |

*Please provide certified copies of your qualification, completion of training and College membership with your application.*

|  |
| --- |
| **6. Vocational training** |
| 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. | **Year completed** |
| **Group 1 qualifications** |
| [ ]  Members or Fellows of the Royal College of General Practitioners  |       |
| [ ]  Members or Fellows of the Irish College of General Practitioners  |       |
| [ ]  Fellows of the Hong Kong College of Family Physicians |       |
| [ ]  Certificants in General Practice, Netherlands |       |
| [ ]  Diploma van Huisarts Diploma of General Practitioner, Belgium (up to 2007) and Master in de Huisartsgeneeskunde Master in General Practice, Belgium (from 2007). |       |
| [ ]  Certificants in Family Medicine, College of Family Physicians of Canada (if gained with the Clinical exam) |       |
| [ ]  Graduates of the Master of Medicine in Family Medicine, Singapore, if held with Fellowship of the College of Family Physicians |       |
| [ ]  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. |       |
| **Group 2 qualifications** |
| [ ]  Certificants in Family Medicine, College of Family Physicians of Canada (if gained without the clinical examination) |       |
| [ ]  Diplomates of the American Board of Family Medicine |       |
| [ ]  Graduates of the Master of Medicine in Family Medicine, Singapore |       |
| [ ]  Fellows of the College of Family Physicians of South Africa |       |

|  |
| --- |
| **7. Cultural competency orientation**  |
| Please identify all cultural competency activities undertaken while in New Zealand | **Provider** | **Date completed** |
| [ ]  CALD course  |       |       |
| [ ]  NZ Locums Orientation |       |       |
| [ ]  Foundation Course in Cultural CompetencyAccess to this online course is available via [www.mauriora.co.nz](http://www.mauriora.co.nz)  |       |       |
| [ ]  University paper *– please specify*       |       |       |
| [ ]  Other (eg PHO training) – *please specify*       |       |       |

*Please provide a copy of your certificate with your application.*

|  |
| --- |
| **8. Resuscitation skills**  |
| **The resuscitation certificate requirements to achieve Fellowship are different to those for entry to GPEP. Full details of the requirements can be found** [**here**](http://www.rnzcgp.org.nz/RNZCGP/About_us/Standard_for_resuscitation_programmes.aspx)**.**  | **Date completed** |
| **[ ]**  I have enclosed a certificate that meets the requirements for achieving Fellowship Level 5 assessed.**[ ]**  I have enclosed a certificate of participation that meets the requirements for entry to GPEP but not for achieving Fellowship and understand I will be required to do an assessed resuscitation course before Fellowship is awarded. |       |

|  |
| --- |
| **9. Pre-assessment visit for holders Group 1 qualifications** |
| **Please indicate if you wish to have a pre-Fellowship visit from a medical educator. There is an additional fee of $1,500 +GST for this.**  |
| [ ]  Yes, I would like a pre-Fellowship visit |
| [ ]  No, I would not like a pre-assessment visit |
| [ ]  I would like further information about this |

|  |
| --- |
| **10. 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? | [ ]  Yes *(If yes, please attach further documentation to this application)* [ ]  No |
| *The College requires GPEP applicants and subsequent GPEP registrars to keep the College informed should there be any change in this disclosure during the course of GPEP.**All disclosures received are kept confidential to senior programme staff and contractors and will not form part of the application record.* |

|  |
| --- |
| **11. Declaration** |
| *Please read and then sign this declaration.** I hereby certify that I am the person who is applying for the General Practice Education Programme with The Royal New Zealand College of General Practitioners, that the information I have given is true and correct.
* I give permission for the programme to receive a confidential report from my nominated referees.
* 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 training and will be disclosed to contractors of the College for these purposes.
* I understand that the information that I have provided will be forwarded to clinical leaders, medical educators and teachers concerned with my training.
* I understand that material/modules completed during the programme and written and clinical examination results will be forwarded to medical educators, teachers, Fellowship assessors, censors and clinical leaders.
* I authorise The Royal New Zealand College of General Practitioners to disclose information about me (within the provisions of the Privacy Act 1993) to another agency(ies), if the College believes on reasonable grounds that the disclosure is necessary (eg MCNZ, employers, other medical colleges, NZ Immigration Services, etc).
* I understand that by applying for the General Practice Education Programme I am applying for a training programme and that this is governed by the College’s Fellowship pathway regulations.

**Signature of applicant:**       **Date:***(or signed electronically)* |

|  |
| --- |
| **12. Fees** |
| Please note the [**fees**](https://oldgp16.rnzcgp.org.nz/assets/New-website/Membership/RNZCGPfeesMay2019.pdf) which are associated with your Fellowship programme requirements. If you have any further questions, please contact the Vocational Registration Advisor. |

|  |
| --- |
| **Checklist (tick where applicable)** |
| [ ]  Did you refer to College information guidelines and regulations before completing this application? |
| [ ]  Have you listed all general practice experience? |
| [ ]  Have you rechecked your application form and ensured it has been correctly completed? |
| [ ]  Have you signed the declaration? |
| [ ]  If you are not already a College member, have you completed the Associate Membership application (page 6)? |
|  |
| **Have you enclosed:**  |
| [ ]  A copy of your CV? |
| [ ]  A copy of your resuscitation certificate? |
| [ ]  Original certified copies of your medical qualifications, completion of general practice training and College membership? |
| [ ]  Current Certificate of Professional Status from the Medical Council of New Zealand no older than three months from date of issue? |
| [ ]  Confidential disclosures regarding health issues, complaints, disciplinary procedures or previous criminal convictions (if applicable)? |
| [ ]  Associate Membership application form (if you are not a College member)? |
| [ ]  Additional information *(specify number of sheets)*       |

Financial membership of the RNZCGP is a prerequisite for GPEP. If you are not already a financial member of the College, please read the College website information on [**membership categories and fees**](https://oldgp16.rnzcgp.org.nz/assets/New-website/Membership/Subsinformationsheetto31March2020.pdf) and then complete this application form. College membership fees are not included in the GPEP fee and will be invoiced separately.

**Please return with your Prior Specialist Pathway Training Recognition application to:**

The Royal New Zealand College of General Practitioners

Level 4, 50 Customhouse Quay, Wellington 6011,

P O Box 10440, Wellington 6143, New Zealand

*Attention: Vocation Registration Advisor*

T: +64-4-496 5999 | F: +64-4-496 5997

E: fellowship@rnzcgp.org.nz | W: www.rnzcgp.org.nz

*Please print:*

|  |  |  |
| --- | --- | --- |
| Title:       | Surname:       | First names:       |

**Application type**

|  |
| --- |
| Associate Membership [ ]  Yes |
| I am rejoining [ ]  Yes |

|  |
| --- |
| Do you wish to be part of the Rural General Practitioners’ Chapter? [ ]  Yes [ ]  No  |
| Do you wish to be part of the Rural Hospital Generalists’ 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 aboutour Māori representative group, Te Akoranga a Māui? [ ]  Yes [ ]  No |

**Declaration**

* By becoming a member of the RNZCGP you agree to uphold and promote the objects of the College.
* As a member, you agree to abide by the [College Rules](https://oldgp16.rnzcgp.org.nz/assets/New-website/About-us/Governance-and-Management/2017-College-RulesAPPROVED2.pdf). You will keep the RNZCGP informed of any changes of address and other contact information and of changes in your position or employment.
* Submitting this application means you accept liability for the subscription payment once invoiced. RNZCGP membership is individual and membership remains with you, regardless of your employment or who funds your membership.
* Your RNZCGP membership commences on the date your application is accepted and your [**fees**](https://oldgp16.rnzcgp.org.nz/assets/New-website/Membership/Subsinformationsheetto31March2020.pdf) will cover the period until the 31st March following, at which time you will be invoiced for the next year’s fees at the rate then applying, unless you formally resign your membership. Should you resign, all outstanding fees and levies must be paid in full.

I accept the membership terms and conditions [ ]

Signature of applicant:       Date:

*(or signed electronically)*

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