Quality Programme Exemptions Request Form

This form should be completed by the practice/PHO and submitted as a word doc to **quality@rnzcgp.org.nz**. The College will review the request and return the form to the practice/PHO with their decision. If the request has been approved, the practice must provide a copy of the completed form to the assessor.

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| **Practice contact details** |
| Practice name |  |
| Practice contact name |  |
| Title |  |
| Practice contact email |  |
| Practice contact phone |  |
| Practice address |  |
| PHO name |  |
| **Exemption request details** |
| Quality programme | * Foundation Standard
* Cornerstone Module

Please specify which module: |
| Indicator and criteria |  |
| Date of Request |  |
| Requested by | 🞏 Practice  | 🞏 PHO |
| Building Ownership (if request relates to the building) | * Not building owner
* Practice owned
* Leased from related party
* Leased from external unrelated party
 |
| Reason for exemption requestPlease include supporting evidence if available |  |

|  |  |
| --- | --- |
| Action plan or steps taken to meet criteria |  |
| Duration of exemption requested |  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **For College use only** |
| **Exemption Decision** |
| Date Received | Date Acknowledged | Assigned Advisor |
| 🞏 Additional evidence provided 🞏 Additional information requested from the practice or PHO🞏 Received additional information Date received: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ |
| College Decision | 🞏 Approved for exemption based on the evidence providedDate approved: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Exemption expires: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ |
| 🞏 Request declinedDate declined: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_Decline reasoning:  |
| Approved by |  |
| Date approved |  |
| **Notification of decision** |
| Notified: | Date decision notified |
| 🞏 Practice contact |  |
| 🞏 PHO contact |  |
| 🞏 Assessor/s |  |
| 🞏 Record added to practice file in iMIS  |