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**](mailto: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 request  Please 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 provided  Date approved: \_\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Exemption expires: \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_ | | |
| 🞏 Request declined  Date 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 | | | |